EXHIBIT A: APPLICATION COVERSHEET
Mandatory: Pilot and Design Applicants

1. Applicant's Organization Name

King County: Public Health-Seattle & King County (lead agency)

2. Applicant's authorized representative for this GOA (this representative shall also be named the authorized representative identified in the Application)

Patty Hayes, RN MN

3. Title of authorized representative

Interim Director, Public Health-Seattle & King County

4. Address

401 Fifth Avenue, Suite 1300
Seattle, WA 98104

5. Telephone number

(206) 263-8285

6. Email address

Patty.hayes@kingcounty.gov

7. A statement of applicant's intent to submit a Grant Application, including intent to apply for a Pilot Grant or Design Grant

King County is submitting a Design grant application for the King County region. The King County Executive Office, Public Health-Seattle & King County, and the Department of Community and Human Services look forward to partnering with local entities and with the State to build on the Community of Health planning that has taken place in the latter part of 2014.

8. The intended RSA served by the applicant and any potential sub-awardees

The Accountable Community of Health (ACH) design activities proposed in this application will serve the King County Regional Service Area.

9. A statement reflecting the applicant's approach to incorporating and/or partnering with an existing COH or other recognized convener within the same RSA, if applicable

King County/Public Health-Seattle & King County, who was previously awarded a COH planning grant under GOA-14-015, is the only existing COH grantee in the King County region.

10. Please describe how you meet the minimum requirements:

a. Status as an organization or entity with the ability to enable public-private partnership and cross-organizational priority setting. Eligible entities may be

engaged in a quasi-governmental arrangement, a 501(c)3 or (c)4 non-profit corporation or cooperative, or another model that enables cross-sector engagement, commitment, and decision making

In July 2014, King County government was awarded a Community of Health (COH) Planning Grant for the King County region. King County was selected for that role in part due to its long track record in incubating partnerships that involve cross-organizational engagement and decision making (examples include the development of the Puget Sound Health Alliance, Communities Count, Coverage is Here King County, the King County Health and Human Services Transformation Plan, Communities Putting Prevention to Work, the Committee to End Homelessness, and the Mental Illness-Drug Dependency Action Plan).

For the past 6 months, under the COH planning phase, King County has been managing consultant contracts and other activities designed to explore aspects of ACH roles, governance, community engagement, and supporting functions with a range of stakeholders in the King County region. The work culminated in a "Path Forward" plan, submitted to the Health Care Authority on December 31, 2014.

Given where the region currently stands in ACH development work, King County government remains an appropriate entity at this time to pursue Design Community grant funding and assure that this resource is available to our region to build on the 2014 planning and to carry out the next steps that were articulated in the Community Health Plan deliverable.

b. Ability to receive and manage funding and learning assistance within the represented RSA.

King County has capacity and controls in place to efficiently manage federal, state, local, and private funds. Most recently, we managed the ACH planning grant from the WA State Health Care Authority. We participate actively in state and national learning collaboratives, as well as lead collaboratives and provide technical assistance, training, and quality improvement services for selected parts of the medical, behavioral health, and human services systems.

c. **Plans to serve an entire RSA and coordinate with existing COHs and other recognized conveners in the RSA, if applicable, to ensure COH plans are authentically incorporated into the regional approach**.

King County is a single-county RSA and the Design funding would support planning in the King County region. Coordination with other COH conveners is not applicable.

d. Existence of a community partnership.

The King County region is home to numerous community partnerships that influence the triple aim of better health, better care, and lower costs. During the ACH planning phase, key informant interviews and stakeholder conversations have been held to identify both

high priorities for cross-sector work to improve population health and reduce health inequities, and to gather perspectives on governance structures, backbone functions, and community engagement approaches that would support such work. The existing Advising Partners Group of the King County Health and Human Services Transformation Plan has been serving as a primary sounding board during the ACH planning phase.

The 2014 work has laid a foundation for the next phase of ACH development in the King County region, a plan for which was submitted to the Health Care Authority on December 31, 2014. The Design Grant proposed in this application would be used to implement the next steps identified in that plan, and the nature of the "community partnership(s)" relative to the ACH will therefore continue to evolve.

11. If applying for a Pilot Grant, please provide a list of the contacts and email addresses that HCA will use to distribute the survey required as part of the Pilot application (refer to Exhibit E, section 3).

This is not applicable because King County is not applying for a Pilot Grant.

EXHIBIT B: Application Narrative
Scored: Pilot and Design Applicants (Max 80 Points)

1. Population Served: the Counties/population represented by the community partnership.

a. Please describe the RSA represented by the partnership. If the partnership is proposing any sub-award to facilitate RSA adjustments that impact the ACH design, please describe.

The King County Accountable Community of Health partnership serves the population and the Regional Service Area of King County, Washington. King County is a single-county RSA.

b. Please describe any unique challenges or opportunities within the population.

Unique challenge - complex environment. King County is a large, diverse, and complex environment of 2 million residents, 39 cities, 2 federally recognized Tribal governments, 19 school districts, 21 hospitals, 12 health systems, 7 federally qualified health centers, three public housing authorities, and numerous community mental health and substance abuse agencies, community development organizations, and human service providers that partner with residents and communities in urban, suburban, and rural environments.

Unique challenge – extent of health inequities. King County is a region that faces significant health, social, and racial disparities. While our *average* measures of quality of life, social, and health factors are among the highest in the country, these averages mask stark differences by place, race and income. Demographics have shifted and our region now experiences some of the greatest inequities among large US metropolitan areas. For example, life expectancy ranges from 74 years in the lowest decile census tracts to 87 years in the highest, smoking rates range from 5% to 20%, frequent mental distress rates range from 4% to 14%, and unemployment rates range from 3% to 13%. Our region knows that any efforts to successfully achieve the triple aim of better health, better care, and lower costs require strategies that acknowledge and tackle these disparities.

Unique opportunities. Across King County, a "culture of health" is taking hold. Local governments, neighborhoods, and organizations both small and large recognize that the prosperity of the region overall is deeply influenced by the health and well-being of the population—and are taking action. There is increasingly widespread recognition of the role that social factors play in determining one's health, that prevention strategies work, and that the clinical care delivery system and community-based partners have new incentives to work together. With our complexity comes a richness of opportunity to innovate, to build new partnerships and new leaders, and to accelerate health improvement.

2. Governance Structure: the structure and process for decision making, leveraging community and multi-sector stakeholder input.

a. Please describe your partnership's recent efforts to develop or consider the development of a governance structure to leverage broad multi-sector community and stakeholder input toward a common agenda of achievement of better health, better care at a lower cost

From July-December 2014, stakeholders in King County engaged in a set of initial conversations, interviews, and meetings about a future approach for accelerating multi-sector initiatives designed to support the simultaneous achievement of better population health, better care and lower costs. Over 70 people participated in individual or group interviews about the ACH concept. They came from many fields and sectors, including behavioral health, housing, human services, specialty care, primary care, hospital systems, managed care, public health, philanthropy, business, education, community development, long-term services and supports, local government, advocacy groups, disability groups, and more. Supported in part by a Washington Health Care Authority Community of Health planning grant, the work culminated in the December 31, 2014 issuance of "*Collaborating for a Healthier King County: A Path Forward for Accountable Community of Health Design in King County, Washington*."

Based on these initial stakeholder consultations, it became clear that significantly different perspectives were held about establishing a regional entity to support population health improvement, and by extension, a governance structure. Some felt the work and value of an ACH was clear and offered opinions on how it should be governed. Others were confused by the breadth of roles being proposed for the ACH structure, its relationship with existing health improvement work, and the overall value proposition. For some, the ACH concept was too abstract and far from their day to day work, and the lack of context, time, and resources precluded engagement.

On the whole, there was positive recognition and support for a mechanism to more formally connect health innovation and transformation efforts at the state and local level, and to do so in a way that leveraged and enhanced the relationships and initiatives already underway in the King County region.

These conversations and feedback were fruitful, and affirmed the need for form to follow function. Because there was no clear consensus on a governance structure, the consultants recommended that an *interim* ACH leadership council be formed in 2015, and that it use the experience of a set of five existing initiatives as a way to pilot test the approach for the work and value-add of the ACH. The five initiatives, because taken together they reflect

high priority regional and state health improvement issues, will serve as an initial "common agenda" for ACH development work in King County. One of the roles of the interim ACH Council will be to recommend a post-2015 governance structure, and then sunset itself.

b. **Please describe how you have built upon existing community based health improvement coalitions, leveraged and enhanced the existing relationships, commitments and initiatives already in place to ensure a diverse, multi-sector approach to health and health care**.

The King County region has numerous existing health improvement coalitions, initiatives, and projects that are working to improve the health of county residents. They span clinical delivery system-focused work (such as the development of integrated, accountable care organizations/networks and the move to value-based purchasing), clinical-community partnerships (such as community health workers and care transition efforts); and community-focused initiatives to create healthier places (such as coalitions working on access to healthier foods, and initiatives to build neighborhood capacity). A table showing selected initiatives and their goals is included as Attachment 1.

The existing King County Health and Human Services Transformation Plan holds a vision that reflects this broad way of thinking about what is needed to achieve a healthier population. Fundamentally aligned with the State Health Innovation Plan, its vision is that: *By 2020, the people of King County will experience significant gains in health and well-being because our community worked collectively to make the shift from a costly, crisis-oriented response to health and social problems, to one that focuses on prevention, embraces recovery, and eliminates disparities*. In 2014, the ACH planning built upon a 26-member cross-sector oversight group associated with the Transformation Plan, called the Advising Partners Group of the Transformation Plan, using it as a sounding board.

Also during this time we analyzed the existing activities and groups that play current roles in population health assessment and in gathering, reviewing, interpreting, and disseminating data related to the performance of the health system and to the status of community health and well-being. These are also listed in the table in Attachment 1.

The approach laid out in this application for ACH design, and that was articulated in the "Path Forward" plan, proposes to build on five existing and emerging initiatives in King County as a testing/piloting ground for the work of an ACH – a sort of "federation" approach. They include:

- Two initiatives that stemmed from the Transformation Plan – one focused on communities, one on individuals:

    - *Communities of Opportunity* (focused on improving outcomes by partnering with a set neighborhoods/communities over time)
    - *Familiar Faces* (focused on improving outcomes by partnering with jail-involved adults with health/behavioral health conditions and the systems that serve them)

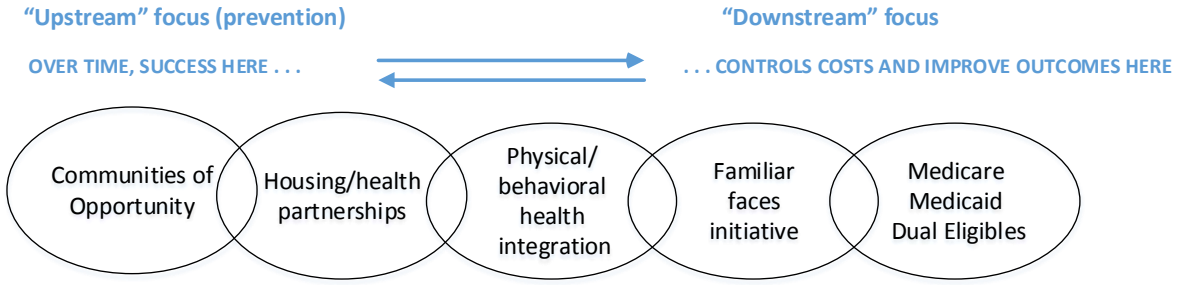
- One initiative that stemmed from shared interest among the affordable housing sector, the Medicaid program, and other partners to strengthen the use of affordable housing as a platform to improve population health
    - *Housing/Health Partnership Planning group* (focused on improving outcomes by using affordable housing as a platform to improve health)

- Two initiatives that demonstrate the King County region's commitment to pursuing full integration of physical and behavioral health services and moving to a "whole person" approach to care and well-being.
    - *Physical/behavioral health integration planning* (focused on improving outcomes through integrated physical and behavioral health care)
    - *Medicaid-Medicare Dual eligibles demonstration* (focused on improving outcomes and reducing costs for a highly vulnerable, high cost population through financial alignment/integration of physical health, mental health, substance use treatment, and long term care services)

All of the above initiatives have various champions, leaders, and engaged stakeholders, involve in-kind support, intend to address high priority health issues and disparities based on local data, and align with priorities of *Healthier Washington*.

One of the roles that the interim ACH Leadership Council will play relative to these initiatives is to *build coherence across them* and serve as a place for connecting to state-level priorities. In the past, King County has often suffered from lack of coordination among well-thought out, but isolated efforts, and the ACH's ability to "go up a level" and align related activities would be very valuable. For example, if a housing-health partnership pilot gets formed in a geographic location that is also one of the identified Communities of Opportunity partner neighborhoods, what connections could/should be made to coordinate implementation and evaluation? Given the overlap of the population in physical/behavioral integration, Familiar Faces, and the Dual Eligibles demonstration, how can we assure coordination in design, policy, and outcomes? How might state-level priorities—such as those under the to-be-developed *Plan to Improve Population Health* – be intentionally advanced in these local initiatives? Where are there opportunities to align outcomes and to do so in ways that support the statewide set of performance measures?

A balanced portfolio for the King County region's initial ACH work: Reflecting a broad definition of the "health system"



- ✓ **Focused on cross-sector, community-level strategies that can prevent future health and social issues**
- ✓ **Longer timeframe for showing population health improvement -- but lower cost and greater reach.**
- ✓ **Focused more on people with complex health and social issues today**
- ✓ **Potential for near-term achievement of triple aim (better care, better health, lower per capita costs)**

c. Please describe the existing or planned decision-making process for the partnership. Include a description of any existing or planned policies or strategies to address conflicts of interest.

The formation of an interim ACH Leadership Council will be guided, initially, by the ACH *ad hoc* steering committee, which has been working on a consensus basis around how to move forward at significant junctures in the ACH planning work. It will meet in January 2015 to review the role of the Leadership Council and discuss how to most effectively convene an interim council in a way that is transparent and positions it to successfully carry out its roles.

As part of the formation of this interim ACH Leadership Council, a facilitator will support the group in crafting a written instrument (e.g, charter, Memorandum of Understanding, or other formal agreement) that will express the will and agreement of the parties around the table to function according to a set of mutually agreed upon terms. The agreement will include processes by which they will make recommendations and decisions, as well as address conflict of interest.

A critical exploration will be needed with the interim council around the nature of conflict of interest in light of the roles that the group will (and won't) perform in 2015. For example, one of the proposed roles is to advise the state on aspects of Medicaid

procurement. Medicaid managed care plans will be on the interim ACH council, as will representatives of community-based agencies, hospital systems, the behavioral health system, and public health – any of whom may have contractual relationships with one another and/or with the State that involve the flow of Medicaid funds.

d. **Please describe the existing or planned committees/sub-committees and the scope of each**.

For the 2015 ACH design work, the following committees and subcommittees will be active:

Group	Scope
ACH ad hoc Steering Committee	Assist with convening the ACH Leadership Council; hiring of staff/consultants under design grant Provide general guidance, working on consensus basis, at least until ACH Leadership Council forms.
Interim ACH Leadership Council (placeholder name – the group may decide to change it) This group may decide to form an executive or steering committee	Proposed roles include: • Establish relationship with an equity network/coalition to assure that a racial/social equity lens is brought to the ACH development work in 2015, and that communities and consumers are engaged in the shaping and decision-making of the ACH structure in King County • Develop a post-2015 ACH governance structure and an initial plan for sustainability • Assure coherence across a set of five existing initiatives, and work to support their success in ways appropriate to each • Recommend how administrative, coordination, convening, communication, and data support functions (backbone functions) will be carried out in the future • Recommend a regional-level health assessment process • Provide input/recommendations to the state (and to the county/cities, where appropriate) related to health innovation elements such as physical/behavioral health integration, the dual eligibles demonstration, the Plan to Improvement Population Health, and data analytics • Facilitate decision-making about how to respond to new cross-sector health improvement initiatives/opportunities should they arise in 2015

Subcommittee relationship with ACH Council: Physical-Behavioral Health Integration Subcommittee	This subcommittee will be convened early in 2015, and will focus on designing components of an integrated model(s) of care and developing a King County pathway to full integration of physical and behavioral health services. (See Work Plan section for details on the activities and milestones)
Coordination relationship with ACH Council: Communities of Opportunity Housing-Health Partnership Planning Group Familiar Faces Management Guidance Team Dual Eligibles Demonstration	The scope and governance of each of these initiatives varies; see Attachment 1 for more information.
Equity network or coalition	This element recognizes that individuals from within communities experiencing high health and health-related inequities are uniquely positioned to foster and lead health improvement partnerships within their respective communities. While not a committee of the interim ACH Leadership Council, it would have an interconnected relationship with it, with members of the equity network serving on the ACH Council. This would position a larger network to engage in problem solving, decision making, and taking action to change health/social related inequities and support more effective clinical-community partnerships.
Work groups Data and information infrastructure (backbone function) Regional health	These are three proposed work groups for 2015, connected to the deliverables of the ACH Design grant and the work of the Interim ACH council. • Their makeup would include subject matter experts and stakeholders beyond the members of the interim ACH Council. • In-kind staff, made available through a combination of grant

assessment and improvement plan *Sustainability/ shared savings*	resources and county funds, can support the data/information work group and the regional health assessment work group • *Funding to support a sustainability/shared savings group has not been identified and so is contingent on identifying resources; it would entail additional level of technical expertise*

e. Please describe the existing or planned mediation and conflict resolution strategy that supports the decision making strategy and the ACH's voluntary compact.

As a group forming on a voluntary basis, the members of the interim ACH Council will be the ones who will need to determine a mediation or conflict resolution approach that they mutually agree to, and that is matched to the nature of their work and the types of conflicts that may arise. This will be among the initial activities they undertake as part of developing a charter, MOU, or other instrument that lays out the terms they will operate under. Adaptive leadership, interest-based negotiations and collective impact processes are likely to be considered.

f. **Please describe additional strengths and/or challenges regarding your existing and/or proposed governance model**.

Strengths of proposed interim governance model:

- Reflects where the King County region is – doesn't jump prematurely to a governance structure
- Builds support for a distributed leadership model and engages range of partners that constitute the system, broadly defined, needed to produce optimal health
- Allows for testing an interplay/connection with an equity network/coalition focused on underlying causes of today's health and social inequities
- Intends to build on existing initiatives, and leverages existing structures related to community health assessment and data analytics
- High degree of leverage for staffing different elements of the 2015 work
- Apparent high alignment with state priorities and directions articulated in Healthier Washington

Challenges:

- Ambitious set of 2015 objectives and deliverables are associated with the interim ACH Council – this may not be a match with currently projected resources available.
- Anticipate it will be a challenge to keep the interim ACH Council small enough to have meaningful discussions and accomplish its work.
- Concurrent nature of "planning" and "doing" that is needed in 2015 – will the work of 2015 show enough progress and value-add to build trust and momentum?
- Real and perceived conflicts of interest, especially as related to potential influence of Medicaid purchasing strategies.

g. Describe what mechanisms are in place or planned for keeping committees, sub-committees and other involved entities, including the ACH, accountable.

Accountability will occur in various ways, through various mechanisms. At the highest level, the future ACH structure will need to be held accountable for making progress against the specific regional health improvement goals and objectives on which it is trying to move the needle in the King County region. Performance in terms of improved population health, improved experiences of care, and reduced costs is the ultimate goal of the regionally based collaborative, and it must be accountable to the people of King County and its investor partners for achieving those aims.

At this developmental stage, the nature of accountability relates to assuring that a successful structure and partnership evolves in ways that will enable those population health results to be produced and measured – setting a table for collective seeing, learning, and doing in ways that build trust. For 2015, that entails assuring that the interim ACH Leadership Council and work groups carry out what they mutually agree to do and that the deliverables are produced. The Charter or MOU should include mechanisms for joint accountability.

Similarly, King County/Public Health – wearing the convener hat at this time – will need to be accountable for creating a supportive environment for the work to occur, and will have a responsibility to provide regular communications to stakeholders about work that is planned and carried out; course corrections; use of funds; meeting agendas and summaries; opportunities for engagement, learning, and input; and major developments.

3. Engagement: representation and participation of community members and multi-sector stakeholders, either as members of the partnership or as informants at the community level.

a. **If applicable, please describe your partnership's recent efforts to develop or consider the development of an engagement strategy to increase multi-sector representation and participation**.

Over the past 6 months, progress has been made by several of the initiatives that will interface with the interim ACH Leadership Council in 2015. In each of them, there has been an increasing commitment to community partnerships and engagement. Below, we highlight the progress associated with three of them: Communities of Opportunity; Familiar Faces; and the Housing-Health Partnership Planning Group.

(1) The **Communities of Opportunity** initiative is working to "create greater health, social, economic and racial equity in King County so that all people thrive and prosper, regardless of race or place." It was launched in summer 2014 through an initial call for investments in policy and system change activities related to the intersection of health, housing, and economic opportunity.

Activities that were community-led and community-driven were prioritized, as were geographic areas facing the greatest health and social inequities. In October 2014, The Seattle Foundation and King County made awards of $915,000 to 12 community-based organizations. Those funded were:

a. African Americans Reach and Teach Health
b. Futurewise and partners
c. Global to Local
d. Got Green
e. The Mockingbird Society
f. OneAmerica and partners
g. Open Doors for Multicultural Families
h. Public Defender Association
i. Puget Sound Sage and partners
j. Seattle Indian Health Board
k. Skyway Solutions
l. White Center Community Development Association

An additional $185,000 was granted through The Seattle Foundation to build momentum for 10 grassroots efforts with significant resident engagement and in earlier stages of their systems and policy work.

Following this initial phase, a "Letter of Interest" process was conducted to identify three COO partner communities/neighborhoods, focused on geographic areas experiencing the greatest disparities. This element will constitute the heart of COO – a multi-year partnership with the selected places. The Seattle Foundation has committed $2.5 million over 5 years to this work, and King County government has provided initial resources from its 2014 "catalyst fund." Additional national and local funding partners, such as Living Cities and the Satterberg Foundation, are also being sought.

The theory is that lasting, effective solutions to inequities—including health disparities—can be achieved only when they are informed by the people affected by them and when those people have the capacity to influence changes necessary to improve outcomes. Following the identification of the three locations (expected by early February 2015), collaborative work will get underway to co-design strategies – driven by each community's agenda and priorities—to address root causes of what's contributing to health, social, racial, and economic inequities.

Within each of the three identified communities, local-level community and partner leadership will be an essential ingredient. Each of the COO partner neighborhoods will be supported in building the capacity for carrying out "backbone" functions to support the neighborhood's common agenda, as well as support for carrying out selected strategies. The intent is to support strategies that are cross-sector in nature, recognizing that these complex health, social, and economic issues don't just have one cause that can be fixed by one system.

The overall COO governance structure is expected to guide data/evaluation approach, communications, resource alignment, a learning collaborative, and other aspects to support the success of the neighborhood-level strategies.

Results will be measured by looking at a range of near and long-term indicators, with the expectation that over time, we will see a shrinking of the gaps (reduction in disparities) by both place and by race (e.g, childhood adversities, frequent mental distress, smoking, obesity, unemployment, poor housing conditions, preventable hospitalizations, etc.).

(2) The **Familiar Faces initiative** grew out of the King County Health and Human Services Transformation Plan, and its intent is to work on fostering a "whole person" approach to integrated health and human services. Given the impacts of the Affordable Care Act on the jail-involved population, and the high level of interest in this group by so many community partners –a group of stakeholders (listed in section c, below) came together to apply value stream methodology and system thinking to address the complex need of high users of the King County jail who also have mental health and/or substance abuse issues. A key outcome

will be to effectively design a comprehensive approach to system design around a set of *shared* outcomes that encompass improved health status, improved housing stability, reduced criminal justice involvement, reduced avoidable emergency department use, and improved client satisfaction with quality of life.

The work in 2014 entailed a series of "process walks" across the major systems that these adults touch, in order to shed light on the work flows, areas of duplication and waste, and improvement opportunities.

Cross-discipline groups conducted the walks, which included:

- The King County jail – processes associated with booking, care while in jail, and hand-offs (or lack thereof) and care coordination at exit from jail
- Housing – processes associated with access to housing, supportive housing, and resident services
- Managed care plans and their processes associated with identifying high-risk adults and coordinating their care
- Street outreach and engagement processes
- Processes of the mobile medical van for homeless populations
- Primary care health centers serving the population

The work to date has been surfacing such issues as the lack of single care plan, the bifurcation of the medical and behavioral health systems, communication challenges, missed opportunities for health coverage enrollment, siloed data systems, and weak care transitions as people move from one setting to the next. The client voice will be a key element of what guides the development of a shared improvement plan with a set of strategies in 2015.

(3) The **health/housing partnership planning group** was convened by Mercy Housing Northwest in spring 2014, one of three work groups with a statewide purview that was established to explore opportunities for housing-health integration. The Mercy Housing-led work group is focusing on the general population living in affordable housing; the other two are focusing on high need individuals and families. The work is being carried out with support from Enterprise Communities, a national community development intermediary and The Boeing Company that provided initial planning funds. Mercy Housing engaged a consultant and in 2014 held several planning meetings to discuss approaches that would produce cost savings in the medical system, with a focus on pilots in King, Spokane, and Pierce counties. Community health workers have been a priority area of interest, and work is also underway through this partnership to strengthen the integration of affordable housing data with health and social service data.

b. To the extent possible, indicate if there is a sense of urgency in your region around health improvement, including commitment from champions who are willing to make a commitment to addressing the issue. Have you identified any relevant successes or barriers?

In a region as large and diverse as King County, there are both many issues and many geographic areas where a sense of urgency around health improvement is evident, and one can point to many highly committed champions working to improve the health and well-being of county residents.

- Areas of particular shared concern that emerged from the consultant interviews conducted in 2014 included: physical/behavioral health integration; strategies to improve outcomes for high utilizers of health and social services, and strategies for upstream prevention initiatives.
- Urgency exists around advancing physical and behavioral health integration due to enabling legislation (Senate Bill 6312) and the need to improve access to and quality of care; move more upstream to prevent behavioral health issues and intervene early; build a stronger continuum of care including crisis services, and develop alternatives to the "boarding" of people in mental health crisis in hospital emergency departments.
- In the area of workforce, advancing the use of community health workers (CHWs)/promoters/cultural navigators/peers was a common theme in many conversations and there is a growing sense of urgency around the need for a more cohesive approach to planning (e.g., scope, definition, financing, and training standards). CHWs are a workforce element that factors into each of the five initiatives of initial focus for the interim ACH Leadership Council.

  The degree of interest in our region is evidenced by the financial support for pilots in King County, such as those funded through the Pacific Hospital PDA (CHWs at Yesler Terrace through Neighborcare Health; and a Mercy Housing/King County Housing Authority/Interim Community Development collaboration of seven southeast Seattle and South King County affordable housing developments); a Patient-Centered Outcomes Research Institute grant to Public Health for a research study involving CHWs to reduce asthma health disparities; and the use of community health promoters in SeaTac/Tukwila through Global to Local. The region has also been a leader in the use of "peer bridgers" in the mental health system and other peer support roles. In addition, planning is underway for a CHW curriculum development through Seattle Central College at Pacific Tower; and CHWs have been a focal point of the Housing-Health partnership planning group.

Current challenges to expanding the use of CHWs include the disjointed planning around CHWs in Washington state, and the lack of a community health worker network to advance CHW practice and to assist with the integration of CHWs in health systems. King County stakeholders are anxious to advance the use of CHWs, and could, if resourced, take steps to build capacity (i.e., network) in ways that would benefit the work statewide.

- Commitment to maximizing health enrollment coverage and access to care remains a high priority across King County.

- In an earlier assessment of priorities of community benefit hospitals, access to care, diabetes, and obesity were among their collective highest priority health issues. The King County Hospitals for a Healthier Community (HHC) constitutes a group of champions across hospital and health systems, working to develop collaborative relationships, identify community health issues and assets, and implement and evaluate collective, evidence-based strategies. Their commitment is evident in their work to form and support a collaborative that is producing, in early 2015, a joint Community Health Needs Assessment. In 2014, all members of the HHC adopted the Healthy Food in Healthcare pledge to support incorporation of more local, sustainably produced food into their food service practices.

- There is a significant level of energy, commitment, and champions in King County to address obesity and tobacco use, two of the leading causes of premature illness and death in our community. In 2014, a partnership of Public Health, Seattle Children's Hospital, and the Healthy King County Coalition was awarded a three-year, $9 million grant from the Centers for Disease Control and Prevention to address these issues. The Partnership to Improve Community Health (PICH) grant will support community partnerships to change policies and create community places that support healthy choices, and will be actively aligned with the Communities of Opportunity initiative.

- With the recent explosion of science that links what happens in the earliest days of a child's life with lifelong health and well-being, there is an increasing sense of urgency in King County around assuring that children have healthy starts in life and that childhood adversities are prevented. Research has established a connection between early trauma and future increased risk of adult onset of chronic disease such as heart disease, cancer, and mental illness. In fall 2014, County Executive Dow Constantine announced the Best Starts for Kids initiative, a proposed levy that would work to assure that every child in King County has a strong start in life and enters adulthood ready to succeed. Many leaders in the region are engaged in this community-wide priority, and there are many elements which align with state-level priorities such as the Prevention Framework (which

calls out adverse childhood prevention as a priority issue) and the Governor's Healthiest Next Generation initiative.

- Commitment is high to advance the connections between health and community development. Community development organizations are actively looking to partner with public health and health care system partners around initiatives such as healthy housing, the built environment, and measuring the health impacts associated with community development activities. For example, the Yesler Community Collaborative and Seattle Housing Authority Choice Neighborhood initiative have identified health as one of the priority issue areas.

c. **Please list the sectors and stakeholders currently engaged in your community partnership, including any committees or workgroups they are engaged in**.

The following table lists the people and organizations that are currently involved in governance or design groups (where they exist) of the five initial initiatives of focus.

Communities of Opportunity Interim Governance Group	Michael Brown, The Seattle Foundation Deanna Dawson, Sound Cities Association David Fleming, PATH Hilary Franz, Futurewise Patty Hayes, Public Health-Seattle & King County Betsy Jones, Executive's Office, King County Paola Maranan, The Children's Alliance Gordon McHenry, Jr, Solid Ground Jeff Natter, Pacific Hospital PDA Adrienne Quinn, King County Department of Community and Human Services Michael Woo, Got Green
Housing-Health Partnership Planning Group	Adam Taylor, Executive Director: Global to Local Declan Wynne, Deputy Director: Building Changes Bill Rumpf, President: Mercy Housing Northwest David Wertheimer, Associate Director, Pacific Northwest Giving: Bill & Melinda Gates Foundation Erin Hafer, Manager, Community Integration, Community Health Plan of Washington Gina Breukelman, Boeing, Community Investor, Health & Human Services Sue Grinnell, WA State Dept of Health, Special Assistant for Health Reform & Innovation Kat Latet, Health Innovation staff, Washington State Health Care

	Authority Katie Parker, Regional Director for Resident Services, Mercy Northwest Kristen West, VP for Grant Programs, [Lu Eagle]: Empire Health Foundation M.A Leonard, Northwest Market Leader, Enterprise Rebecca Burch, Washington State Health Care Authority Rob Grossinger, VP, Community Revitalization, Enterprise Community Partners Stephen Norman, King County Housing Authority Tom Byers, Principal, Cedar River Group and Mercy Housing NW (board chair) Val Agostino, Mercy Housing National Partnership Senior Vice-President Michael Mirra, Director [Greg Claycamp and Mia Navarro], Tacoma Housing Authority Andrew Lofton, Director [John Forsyth], Seattle Housing Authority Jack Thompson, Consultant, Cedar River Group Janna Wilson, Director of Health Policy and Planning, Public Health – Seattle & King County Kathy Burgoyne, Senior Director of Applied Research, Foundation for Healthy Generations (formerly CHEF) Tedd Kelleher, Managing Director, Housing Assistance Unit, Washington State Department of Commerce Zoe Reese, Director of Specialty Programs, Neighborcare Health Pam Tietz, Director, Spokane Housing Authority Alison Carl-White, Better Health Together, Spokane **Consultants** Betsy Lieberman John Freeman
Familiar Faces – Management Guidance Team	Adrienne Quinn, King County Department of Community & Human Services Patty Hayes, Public Health-Seattle & King County Betsy Jones, King County Executive Office Bette Pine, Jail Health Services, King County Jim Vollendroff, King County Behavioral Health and Recovery Peggy Papsdorf, Pioneer Human Services Elise Chayet, Harborview Medical Center Erin Hafer, Community Health Plan of Washington Julie Lindberg, Molina Daryl Edmonds, Amerigroup Amina Suchoski and Doug Bowes, United Healthcare

	Andrea Tull, Coordinated Care Nathan Johnson, Washington Health Care Authority Jane Beyer, Department of Social and Health Services Jim Fogarty and Michele Plorde, King County Emergency Medical Services Mark Secord, Neighborcare Health Linda McVeigh, Country Doctor Ralph Forquera, Seattle Indian Health Board Trish Blanchard and David Stone, Sound Mental Health Paul Lambros and Kelli Larsen, Plymouth Housing Mike Nielsen and Shirley Havanga, Community Psychiatric Clinic Daniel Malone, Downtown Emergency Service Center Willie Hayes, King County Department of Adult & Juvenile Detention Gail Stone, King County Executive Office Katherine Cortes, King County Council Tom Gibbon, Swedish Medical Center Chloe Gale, Evergreen Treatment Services
Familiar Faces – Design Team	Jesse Benet, King County, DCHS, Criminal Justice Initiatives Ed Dwyer-O'Connor, Harborview Medical Center Mike Stanfill/Meagan Condon, Jail Health Services, PHSKC Cheryl Markham, King County, DCHS Charissa Fotinos, Heath Care Authority Travis Erickson, PHSKC Natalie Lente/Trudi Fajans, PHSKC (Health Care for the Homeless) John Gilvar, PHSKC (Mobile Medical Van) Todd Clark, Department of Adult and Juvenile Detention Anne Shields, Community Health Plan of Washington Pervis Willis, DCHS, Work Source Renton Karen Mandella, Molina Healthcare Jacob Avery, Amerigroup Julie Youngblood, Coordinated Care Kathy Pompeo, Shoreline Fire Department Michele Plorde, King County Emergency Medical Services Debra Morrison, Neighborcare Health Milena Stott, Sound Mental Health Carole Antoncich, Plymouth Housing Group Christina Clayton/Margaret King, Downtown Emergency Service Center Chloe Gale, Evergreen Treatment Services Andrea Yip/Maureen Linehan, City of Seattle Aging & Disability Services

	Cindy Spain/Kate Paris, United Healthcare Peggy Papsdorf, Pioneer Human Services Susan Schoeld, King County DCHS, Criminal Justice Initiatives Bill Wilson, King County DCHS Deb Srebnik, King County DCHS Rene Franzen, King County DCHS
Dual Eligibles Demonstration	Governance group will be established in early 2015; cannot be established until health plan readiness reviews are complete due to county involvement in this process. Proposed membership includes representatives from hospitals, community health centers/FQHC's; community mental health centers; substance use disorder treatment providers; labor; local and state governments; assisted living and skilled nursing facilities; adult day centers; housing; senior services; home care providers; advocacy organizations; and beneficiaries.
Physical/behavioral health integration planning committee	Not yet established.

King County Health and Human Services Transformation Advising Partners Group:

- Teresita Batayola, CEO, International Community Health Services
- Elizabeth Bennett, Director, Community Benefit and Guest Services, Seattle Children's Hospital
- Michael Brown, Vice President, Community Leadership, The Seattle Foundation
- Tom Byers, Partner, Cedar River Group
- Elise Chayet, Associate Administrator, Harborview Medical Center
- Katherine Cortes, Senior Legislative Analyst, Metropolitan King County Council
- Deanna Dawson, Executive Director, Sound Cities Association
- Erin Hafer, Manager of New Programs Integration, Community Health Plan of Washington
- Jeff Harris, Professor and Vice Chair of Dept. of Health Services, University of Washington School of Public Health
- Patty Hayes, Interim Director, Public Health-Seattle & King County
- Mike Heinisch, Executive Director, Kent Youth and Family Services
- Betsy Jones, Health and Human Potential Policy Advisor, King County Executive's Office

- Sara Levin, Vice President, Community Services, United Way of King County
- Julie Lindberg, VP Health Care Services, Molina Healthcare of WA
- Gordon McHenry, Jr., President & CEO, Solid Ground
- Karen Merrikin, Contracted Project Director, Washington State Health Care Authority
- Chase Napier, ACH Program Manager, Washington State Health Care Authority
- Jeff Natter, Executive Director, Pacific Hospital Preservation & Development Authority
- Mark Okazaki, Executive Director, Neighborhood House
- Nathan Phillips, South King County Regional Executive, YMCA of Greater Seattle
- Adrienne Quinn, Director, King County Department of Community and Human Services
- Bill Rumpf, President, Mercy Housing Northwest
- Mary Jean Ryan, Executive Director, Community Center for Education Results (CCER)
- Maggie Thompson, External Affairs Manager, Office of the Mayor, City of Seattle
- Michael Woo, Director & Green Jobs Organizer, Got Green

Members of King County Hospitals for a Healthier Community:

- EvergreenHealth
- CHI Franciscan Health
  St Elizabeth Hospital
  St Francis Hospital
  Highline Medical Center
- Group Health Cooperative
- MultiCare Health System
  Auburn Medical Center
- Navos
- Overlake Medical Center
- Seattle Cancer Care Alliance
- Seattle Children's Hospital
- Snoqualmie Valley Hospital District
- Swedish Medical Center
  Ballard Campus
  Cherry Hill Campus
  First Hill Campus
  Issaquah Campus
- UW Medicine

Harborview Medical Center
Northwest Hospital & Medical Center
UW Medical Center
Valley Medical Center

- Virginia Mason
- Washington State Hospital Association
- Public Health-Seattle & King County (support roles for the collaborative)

Accountable Community of Health Planning *ad hoc* Steering Committee (may be modified in 2015)

- Elizabeth Bennett, Seattle Children's Hospital
- Elise Chayet, Harborview Medical Center
- Erin Hafer, Community Health Plan of Washington
- Betsy Jones, King County Executive Office
- Julie Lindberg, Molina Healthcare of Washington
- Chase Napier, Washington State Health Care Authority
- Jeff Natter, Pacific Hospital Preservation & Development Authority

d. If not included above, please provide a list of the sectors that are expected to engage in your community partnership in the future. How do you propose to engage them?

King County staff will take steps to form the physical/behavioral health integration subcommittee in early 2015. While many key stakeholders are involved in the Familiar Faces initiative, there is a wider net of relevant parties with a stake in the work, including specialty care and oral health. Consumer engagement will also be a focus, and outreach will be needed to tap into consumer advocacy groups and representatives. Also, due to the overlap of Familiar Faces and the physical/behavioral health integration groups, it may make sense to explore merging those groups in order to create more cohesion and make efficient use of time; this will be explored with community partners.

Additional attention and support is needed in 2015 around the engagement of the federally recognized tribes, and this is an area for which we will seek consultation and assistance from the Health Care Authority tribal liaison.

Another sector in which engagement is currently highly limited is with business and employers, and we anticipate that this will be taken up by the interim ACH Council as it assesses an ongoing governance structure. In addition, we anticipate that businesses, employers, and local governments will be more likely to engage in relevant neighborhood/community-specific strategies, such as those of the Communities of Opportunity initiative and the Partnership to Improve Community Health (which will

fund activities by local community agencies, schools, businesses, and local governments to change policies and create community places that support healthy choices).

e. Please describe the existing or planned community mobilization plan, including the bidirectional process to inform and learn from activities across the region and in individual communities.

Across the region: King County has made considerable investments in the last two years in "continuous communication" between health and human service transformation plan and interested parties. A frequently visited website is updated regularly and a listserve of over 700 participants received updates.

In individual communities: King County government and partners know that bidirectional information flow is needed to make measurable improvements in population health, care and costs. While some populations in the county enjoy among the best health outcomes possible, others are increasingly being left behind. Mainstream interventions for the leading preventable causes of ill health and death, such as diet, tobacco use, physical activity, alcohol and drug use, mental health and injuries, have not had as much impact in lowest income areas and among some racial and ethnic groups. A two-way flow of information from specific individual communities to those designing health improvement strategies is vital and is embraced by the five current initiatives. For example, Familiar Faces uses "lean processes" that tap into frontline staff and clients' ideas about how to make system improvements and Communities of Opportunity places substantial weight on community-driven strategies in its funding selection processes. It also envisions using feedback tools such as graphed data that will make progress and barriers visible. King County community partners have experience in this type of learning system work through projects such as the implementation of the Mental Health Integration Program.

Learning systems: To achieve results, the ACH will need to build out in a way that establishes itself as a learning system, and the interim ACH Leadership Council and the work of 2015 should model that – reflecting as it goes along whether or not the approach laid out in this application is working, and making needed course corrections.

Potential ACH community event(s) One potential additional activity to explore in 2015 is some form of ACH gathering or series of gatherings – an opportunity for people and organizations to come together and learn about the work of the interim ACH Leadership Council and its connections with the five initiatives, learn about the equity network relationship, lean about collective action, interact with state partners about the larger frame of Healthier Washington and the SIM grant, contribute to the thinking about ACH development, and build relationships with one another. Because this would ideally be

sponsored by the Leadership Council and planned in collaboration with the equity network, a decision about whether and when to host such an event needs to be discussed by them. Also, there are currently no resources identified to support its planning and execution.

f. Please describe strategies to engage underserved and underrepresented communities/populations within your region.

During the 2014 initial ACH planning phase, a portion of the grant was used to initiate conversations around the engagement of underserved and underrepresented groups in order to set the stage for the eventual ACH to be successful in reducing health disparities. Health disparities are differences in health outcomes between groups that reflect social inequities and include racial/ethnic, socioeconomic, gender, geographic, and other disparities. They have complex root causes, which often trace back to underlying social determinants of health (factors such as education, employment, poverty, housing, childhood adversities, etc.) and institutional racism.

In the 2014 planning, Watanabe Consultation engaged local leaders connected to networks of vulnerable and underserved populations and geographies, and invited them to join a series of meetings to bring a racial/social equity lens to the ACH concept and options. The intent was to deliberately engage in these conversations during the most formative stage of ACH design as a model of authentic engagement and power sharing, and lay the groundwork for ensuring consumer/community engagement mechanisms for the future work of the ACH. A group of people/organizational representatives met three times in the latter part of 2014 and were referred to as the "community engagement team." The participants included:

Teresita Batayola, CEO, International Community Health Services
Colleen Brandt-Schluter, Human Services Manager, City of SeaTac
David Coffey, Executive Director, Recovery Café
Ben Danielson, Medical Director, Odessa Brown Children's Clinic
Mary Diggs-Hobson, Executive Director, AARTH (African Americans Reach and Teach Health)
Sylvia Fuerstenberg, Executive Director, The ARC of King County
Daniel Gross, Senior Staff Attorney, NW Health Law Advocates
Mohamed Sheikh Hassan, Executive Director, Afrique Service Center
Ginger Kwan, Executive Director, Open Doors for Multicultural Families
Michael Majeed, Executive Director, Skyway Solutions
Rebecca Saldaña, Co-Chair, Regional Equity Network
Sili Savusa, Executive Director, White Center Community Development Association
Laura Smith, Community Coordinator, Snoqualmie Valley Community Network
Pete Subkoviak, Senior Health Care Campaign Coordinator, SEIU 775NW
Jim Theofelis, Executive Director, The Mockingbird Society

Janet Varon, Executive Director, NW Health Law Advocates
Sam Wan, Chief Executive Officer, Kin On Health Care Center

In order to create a feasible mechanism for meaningful engagement of multiple communities over time, this group supported the building out a relationship between the ACH structure and an "equity network" made up of representatives from King County's communities with high health and health-related inequities that would collectively plan, champion, and mobilize both locally and regionally.

A regional hub focused on racial/social equity work will act as a bridge not only to the ACH structure, but have a broader role in advancing equity in other initiatives as well. In 2015, equity network-selected representatives will hold seats on the interim ACH Council, ensuring community "shareholders" to have voice, influence, and power in shaping the future role and governance of the King County ACH partnership.

As of the end of 2014, conversations with potential existing networks that could play, or evolve to play, this role had not occurred. One possibility to explore, in January 2015, is whether the Puget Sound Regional Equity Network (PSREN) -- which was established through the Puget Sound Regional Council to bring a social equity perspective to their Growing Transit Communities program – would be a potential match for and have interest in this role. It will be important to build on a network whose purpose is advancing equity and reducing disparities.

The budget allocates $14,000 both for continued consulting time and for financial assistance to support an equity network/coalition to host continued exploration about the ACH and its relationship to it, and for representatives to engage and participate in the interim ACH Leadership Council.

g. Please describe strategies you will employ to engage health care consumer populations in your efforts.

At a broad level, the intent to establish a connection between the ACH Leadership Council and an equity network is the primary strategy through which we intend to build community and consumer voice and power sharing into the ACH development and its future governance model. This reflects the deeply held commitment of parties in the King County region to involve people who are going to be affected by health system policy changes in the decision making and power structures ("nothing about us without us"). Without intentional focus on this, there is a risk that the very systems which are currently producing health disparities will perpetuate them. We have requested financial support for this work in the budget request.

For 2015, particular attention will be paid to integrating health and behavioral health consumers into the work of the physical/behavioral health subcommittee. The specific people, organizations, and approach will be identified as part of the work to develop and convene that subcommittee.

h. In light of recently established RSAs (Attachment F), please describe your partnership's recent efforts to consider or begin the development of a Regional Health Needs Assessment or inventory of existing assessments. Please include a description of the relationship to elements to be included in the Community of Health Plan (if applicable). If you have not begun the effort, describe what your first steps would be.

In the 2014 Community of Health planning, a limited amount of initial inventory work was conducted, a compilation of major initiatives and partnerships in the region addressing health improvement (a version of this is included as Attachment 1). This inventory, however, was not complete and also does not yet reflect many efforts, and it will be considered a "living" inventory to which other efforts can and will be added in order to make more visible to everyone who is working on what.

Those initiatives and projects, however, are different than countywide or subregional *assessment* activities and plans whose purposes are to establish strategic directions and priorities based on needs, assets, data, and community voice. A number of such plans exist in King County, carried out by different public and private organizations. Some are federally required, some state required, some required for accreditation or grant purposes, and so on. One of the major initiatives is the Community Health Needs Assessment work through the hospital collaborative and the public health department.

In 2015, work will occur, by staff supported under this grant and in-kind time of county staff, to prepare an inventory existing assessments and review the priorities they articulate. We will support the organizations involved in producing those assessments to come together for a conversation about opportunities and a potential approach for developing a more cohesive improvement plan for the region, and the ways in which that plan aligns with the Prevention Framework and the future statewide *Plan to Improve Population Health*. The proposed approach will then be shared with the interim ACH Leadership Council for its consideration. On the organizational graphic, this body of work is depicted as the "assessment work group."

i. How will you engage existing regional and/or local collaborative efforts within your RSA? If there is an existing COH within your RSA, how will you partner and engage with this entity to promote cross regional collaboration and coordination, including alignment with their COH plan?

King County is a single-county Regional Service Area and does not have coordination needs with other COH planning entities.

4. Backbone Support: the necessary administrative and coordinating functions and processes that support the partnership. Refer to Attachment A for additional information.

a. If applicable, please describe your partnership's recent efforts to implement or develop a backbone support function or shared functions, including the relationship with the governance and engagement models.

At this time, administrative functions for ACH planning and design work have been accomplished primarily through King County government. This role will continue in 2015, with an acknowledgement that roles may shift in the future and will be driven by the recommendations of the interim ACH Leadership Council. To date, much has been provided on an in-kind basis through the Health and Human Services Transformation Plan budget due to the alignment of its vision with that of *Healthier Washington*.

Convening and communications support. The types of support functions provided include meeting convening (scheduling, venues, food, agendas, materials), facilitation support, consultant contracts, and communications. A 700+ person general stakeholder email list has been developed, and an initial ACH website was placed on line (under the King County Health and Human Services Transformation website) in summer 2014. At this time, the limited budget for ACH design work precludes more extensive communication work, but a stronger communications strategy could be developed and executed should further resources become available. In addition, King County is providing grant writing and administration support for the initial ACH initiative grants being made available through the Health Care Authority.

Data and information infrastructure developments. A key support function for a regionally based partnership working on population health improvement is data and information. Like other support functions, a strong data infrastructure can help maximize the efficiency and effectiveness of the ACH partnership.

A strong regional-level data infrastructure was repeatedly identified as a high priority issue for ACH development work by stakeholders interviewed in 2014, and by the Advising Partners Group. A broad range of data and information issues were identified as relevant to the success of the types of partnerships and results that the ACH will be working to accelerate. They include:

- Electronic health record adoption in medical and behavioral health practices

- Interoperability and exchange of information among clinical system partners (hospitals, health centers, behavioral health, emergency medical system, etc.)
- Data to support efforts to improve health care quality and payment reform work, such as all-payer claims database and the work of organizations such as Washington Health Alliance and Qualis
- Data repositories or warehouses, including ability for authorized users to access real-time data to support unified client views for purposes of care coordination and population health analysis
- Registries (e.g, around specific conditions/subsets), for targeting interventions, monitoring health status and goals, and also for comparing data across neighborhoods and mapping information for local action
- Population-level health and social indicator data – its collection, dissemination, and use.
- Small area "neighborhood health records" that include not only health and well-being status of residents but also the physical features of places that contribute to health and well-being, such as miles of sidewalks, parks per capita, healthy food availability, housing quality, presence or absence of community assets like libraries and meeting places, etc.
- Identifying and gaining access to new "big data" sources to leverage for public health surveillance.

The data landscape is a complex one, and in an effort to advance the conversation about the regional/ACH-level role in data analytics going forward, substantial activity has occurred in King County in recent months. Among the 2014 developments:

- The hospital systems of King County (King County Hospitals for a Healthier King County) collaborated on the co-production of a joint Community Health Needs Assessment, which features demographics, life expectancy, causes of death, chronic illness, access to care, behavioral health, and natural and built environment, among other types of indicators (data analysis and production support provided by PHSKC).
- Production of an interactive, online report for Communities Count health and social indicators (a 20-year public-private collaboration)
- Issuance of a framework to track and evaluate the impact of the Affordable Care Act on the access and quality of care in King County (produced through partnership of PHSKC and University of Washington)
- Integration of housing and social service data, leading to issuance of an analysis of the characteristics of housing assistance recipients from three public housing authorities (King, Seattle, Tacoma), produced by Washington State DSHS with support from the Bill and Melinda Gates Foundation.

- Analysis of health, economic, and social disparities by census tract in King County, and production of accompanying maps, in support of the Communities of Opportunity initiative (PHSKC and DCHS).

Looking ahead, 2015 stands to be both a "planning" and "doing" year in the area of data and information infrastructure, due to several grants and commitments from philanthropic organizations. This will allow our region to align and position this work in ways that support the work of the ACH over time. Funded activities include:

- Support from the Bill and Melinda Gates Foundation for Communities Count ($150,000, 24 months, beginning January 2015) for PHSKC to lead an effort that links concurrent county initiatives that rely on shared data systems (such as Communities of Opportunity/Living Cities and the King County Hospitals for a Healthier Community's Community Health Needs Assessment (CHNA)) with the Accountable Community of Health. The goals are to combine resources and identify shared indicators, reducing duplicative data and assessment efforts and work towards providing data as a "public good," allowing for information exchange between stakeholders and increasing access to relevant data. The intent is to identify the cost, procedural, and technical barriers to sharing and making data available, revolutionizing how we present data through a shared data portal on a single website.

- Support from The de Beaumont Foundation ($200,000, 18 months, beginning January 2015), for PHSKC to develop the first of its kind tool to assess disease burdens and risk factors at the county level, in partnership with the Institute for Health Metrics and Evaluation. This project will result in a protocol/tool that will allow regular updates and dissemination to other jurisdictions across the nation.

- Support from the Robert Wood Johnson Foundation's Public Health Systems and Services Research program ($300,000, 24 months, beginning February 2015, pending final award notice) for PHSKC to lead a study to assess the association of ACH activities, including shared data systems and care coordination strategies, with improved health and criminal justice outcomes for adults with complex medical and social needs not only in King County, but also Whatcom County, a unique opportunity that allows for speedy transfer of lessons learned across two ACH areas. Among the partners involved in the study are King County, Whatcom Alliance for Health Advancement, the University of Washington, Community Health Plan of Washington, Health Care Authority, Northwest Center for Public

Health Practice, and the Washington Public Health Practice-Based Research Network (PBRN).

- Support from the Bill and Melinda Gates Foundation for continued work on integration of public housing data with other health and social service sector data.

b. Please describe the existing or planned backbone support for the partnership. If these functions are or will be shared or subcontracted, please describe this process and identify the contributing organizations.

As the interim ACH Council considers and recommends a future governance model, it will, as part of this work, need to lay out what entity or entities will provide the different types of administrative, communication, convening, and data supports.

As discussed in section (a) above, regional data infrastructure is an area of significant interest because measurement is something for which all the cross-sector partnerships have a shared need. For this reason, a data work group will be formed under the interim ACH Leadership Council in 2015.

Scope for the data work group – which will build on work that was launched in 2014 – will include:

- Bring together key data partners and intermediaries.
- Conduct an environmental scan of data assets and needs – with a focus on data issues relative to the five initiatives of focus.
    - Note: Through discussions with multiple data providers and users, Public Health recently developed a draft figure showing the Washington State and King County data assets to monitor progress towards the triple aim and equity. (See Attachment 2, on the last page of this document). This current landscape can serve as a starting point from which we can build a shared vision and approach to supporting the data, information, and dissemination needs of the ACH.
- Assess opportunities for common measurement system where appropriate; and develop a process for designing it.
- Partner with the Health Care Authority to clarify the scope, intent, timing, and impacts of *Healthier Washington's* proposed information technology-related investments, its approach to the data analytics "solution portfolio," and the implications for ACH / local health jurisdiction, and county partnerships.
- Assess and make recommendations to the interim ACH leadership council for an approach to carrying out data-related "backbone" functions that will enable the

governance structure to strategize and act across sectors and systems, and rigorously evaluate progress towards the triple aim to build an evidence base and ensure maximal promotion of health and well-being.

Public Health-Seattle & King County, building on its existing role in supporting data needs of community collaborations, and the grant resources it has leveraged for 2015, is in a position to provide in-kind staffing to support the convening and work of a data work group. It can also conduct developmental evaluation to provide feedback for continuous improvement, and conduct process evaluation to understand facilitators and barriers as well as roles of the local health and human services departments in development of a shared measurement system in both King County and Whatcom County. Developmental evaluation activities offer the advantage of using real-time insights about members' current needs, opportunities, and concerns to inform strategic decisions or course-corrections as the workgroup designs a shared data system, while the process evaluation will summarize what lessons we learned from our experience in designing a shared data system.

c. Please describe the distinction between the backbone support function and the governing body, including safeguards that are in place to protect any organization or sector from dominating the agenda.

The interim ACH Leadership Council will establish and agree to its own "rules of the road." At this stage, one of the concerns expressed by stakeholders is the potential of the agenda being dominated by King County government due in part to its administrative roles and interest areas.

Safeguards include:

- Committing to a high degree of transparency in operations and decision making at each stage in the 2015 work.
- Empowerment in 2015 of an interim ACH Leadership Council that is led through an executive/steering committee, and neutral facilitation of it.
- Delegation of various convening/staffing/facilitation activities to partner organizations
- Open discussion about the issue with the interim ACH Leadership Council and having it consider language to include in its charter/MOU that creates safeguards they believe will be important to have in place.

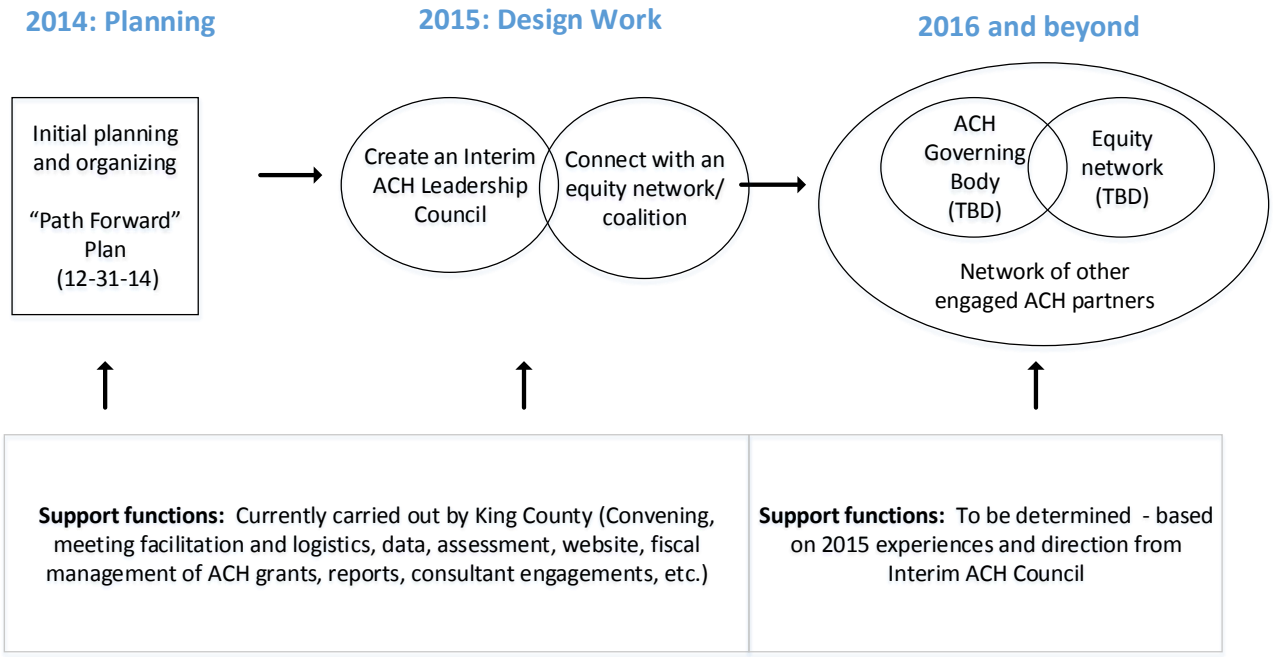
d. To what extent has the partnership assessed and subsequently tapped the strengths and assets of those partnering entities?

Exploring the assets and interests of additional partnering organizations, beyond those already engaged, will occur throughout 2015 as a natural part of the work to develop an ongoing ACH governance model.

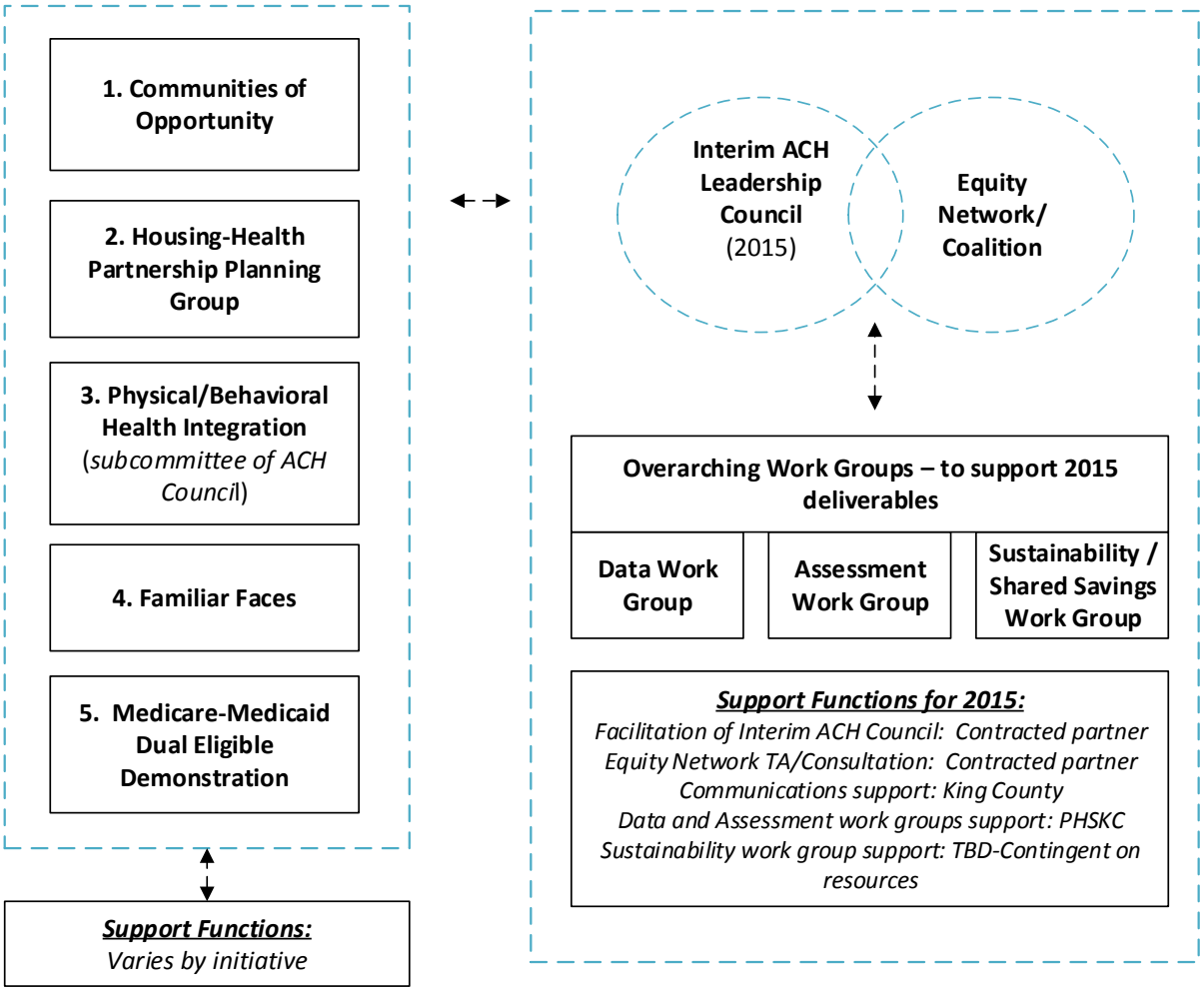
5. Governance and Operational Image:

a. Please provide a visual representation of your community partnership's governance structure and backbone support, and please indicate whether this is an existing or planned structure. This visual should identify the decision-making council or committee, sub-committees, community engagement functions, the operational arm or shared operational functions, etc. Please insert within this section or add as an attachment.

Visual Representation of Phased Approach to ACH Development:



Visual Representation of 2015 Structure:



With broad range of partners that support health system transformation and innovation goals: Washington State HCA, DOH, DSHS, OIC, & Commerce; other ACH regions and pilot grantees; Washington Health Alliance; Qualis: Area Agency on Aging; managed care plans, philanthropy partners; medical, behavioral health, oral health, and long-term care providers and associations; labor; public health and prevention coalitions; human services providers and coalitions; community action agencies; housing and community development partners; Federal Reserve; consumer advocacy groups; IHME; University of WA; King County Hospitals for a Healthier King County; and others.

6. Sustainability and Support:

a. Please describe the level of existing community support and commitment, inside and outside of the partnership.

Substantial community support has been committed to efforts designed to transform health and health care in King County. Even prior to *Healthier Washington* and long before the ACH initiative, stakeholders in King County have been coming together on a voluntary basis to work on initiatives that address the Triple Aim. Time and leadership attention has been on-going and significant, as is reflected by the breadth of initiatives described in Attachment 1.

b. **Please demonstrate how you have sought and captured participant resource commitment**.

In the King County ACH planning work to date, members of the Advising Partners Group participated in three meetings in the latter part of 2014 during which they engaged in specific discussions about the ACH initiative and its potential relationship with the existing work of the King County Health and Human Service Transformation plan. The nature of "capturing" resources isn't an applicable concept at this stage in King County ACH planning, but this is one of many examples demonstrating the willingness of community stakeholders to engage in dialogues and planning.

c. **Please describe any in-kind support that is or will be provided, including the types of organizations providing support**.

A significant degree of in-kind resources will help advance the transformation vision and ACH design work in 2015.

(1) King County Health and Human Services Transformation. The King County Council approved a budget of $952,000 for the 2015-16 biennium ($476,000 per year) to support health and human services transformation efforts which include overall project management, evaluation support, and community engagement activities.

(2) King County Department of Community and Human Services has committed $70,000 in consulting resources to support the Technical Assistance Collaborative (TAC) to assist King County in assessing its optimal role in the integration of physical health, mental health and substance use disorder treatment services as defined in 2SSB 6312. In the first half of 2015 TAC will work with the County, the ACH Leadership Council and the physical/behavioral health subcommittee to collect, synthesize and analyze data and information on local and national models of fully integrated care and make recommendations regarding King County's role in the management and delivery of services.

(3) A Robert Wood Johnson Foundation Public Health Services and Support Research grant of $350,000 for a two-year period, to Public Health-Seattle & King County (pending award notification).

(4) A $200,000 grant from the deBeaumount Foundation to support the King County Burden of Disease analysis, a partnership of Public Health-Seattle & King County and the Institute for Health Metrics and Evaluation. The County will look forward to working with HCA to maximize alignment with Healthier Washington's planned partnership with IHME as well.

(5) Communities Count (through Public Health-Seattle & King County) has been supported with $150,000 for a two-year period beginning in January 2015, for the purpose of engaging in planning related to the future of its health and social indicators.

(6) Mercy Housing Northwest, with support from the Enterprise Community Foundation, is supporting work associated with the Housing/Health Partnership Planning Group.

(7) Communities of Opportunity: $350,000 from King County Catalyst funds has been matched by $3.45 million from The Seattle Foundation, plus $100,000 from Living Cities. The Seattle Foundation continues to seek additional funding partners and is in dialogue with the Satterberg Foundation to augment COO support. King County and The Seattle Foundation will apply for Living Cities implementation phase funds in the first half of 2015.

d. Please describe the extent to which any discussions or agreements have been sought to share data and/or resources.

Exploration of data sharing is occurring within the context of specific initiatives. For example, the housing-health partnership planning group is engaged in discussions with Partners for our Children, local housing authorities, and Public Health about options for the integration of public housing and other affordable housing data into larger data sets of social and health services. This is critical for setting the stage for future analysis of health outcomes and cost impacts of interventions.

In 2014, Public Health completed a data sharing agreement with the Health Care Authority to access ProviderOne Medicaid claims and enrollment data for all King County residents, from 2010 onwards. Access to this powerful administrative data set will empower Public Health to answer key evaluation questions related to the impact of Medicaid expansion on avoidable emergency department utilization, Medicaid churn rate (losing and regaining coverage), primary care utilization rates, clinical preventive service utilization rate (e.g. vaccinations, disease screenings, etc.), evidence-based health care practices (e.g. receiving cholesterol test within 1 year of discharge for heart procedure), and costs of health care per capita. The information generated by assessing changes in overall health and health care

outcomes, as well as changes in health disparities, will be used internally for King County policy and program quality assurance and development.

e. Please describe the level of existing or anticipated community support to promote the partnership (e.g., philanthropy).

As discussed in item c above, local government and philanthropic support is actively supporting health and human services transformation efforts in King County, including paying for the types of supporting roles associated with collective action approaches. Within Communities of Opportunity, there is potential for future support for implementation from the Living Cities Integration Initiative, with opportunities to access loans and technical expertise.

Another key partner supporting the health and human services transformation vision in King County is the Federal Reserve Bank of San Francisco. The Federal Reserve has been a leader in developing a healthy communities framework nationally, and has been providing concrete assistance through roles such as cross-sector convening and access to technical assistance for various partners in the King County area (as well as across the state). In December 2013, they co-sponsored a healthy communities conference with King County designed to accelerate partnerships in the intersection of health and community development. We anticipate they will continue to be a strong partner going forward as the ACH structure evolves, including providing assistance in technical areas related to future sustainability such as social impact bonds, pay for success models, and alignment opportunities with the community development field.

f. Please demonstrate existing involvement of philanthropy within your partnership.

Philanthropy involvement is demonstrated through the participation of:

- Michael Brown with The Seattle Foundation (Communities of Opportunity; King County Health and Human Services Transformation Plan Advising Partners Group)
- Jeff Natter, Pacific Hospital Preservation & Development Authority (Communities of Opportunity; King County Health and Human Services Transformation Plan Advising Partners Group; Accountable Community of Health ad hoc Steering Committee)
- Living Cities Integration Initiative – selected Communities of Opportunity in 2014 for participation in its round 2 cohort planning grants
- Enterprise Communities – support for housing-health partnership planning
- The de Beaumont Foundation – financial support for King County Burden of Disease in partnership with IHME

EXHIBIT C: WORK PLAN AND TIMELINE
Exhibit C.1, Scored: Pilot Applicants (Max 10 Points)
Exhibit C.2, Scored: Design Applicants (Max 10 Points)

Every applicant will need to provide a work plan and timeline (Exhibit C.1). In addition, each Pilot applicant must provide a Pilot work plan and timeline (Exhibit C.2). Each set should reflect the proposed work in alignment with the performance periods of the two funding opportunities. This process guarantees fair assessment of the applications if Pilot Applicants do not qualify and/or get selected as a pilot.

While there are shared deliverables for Pilot ACHs and Design Regions, the required Exhibits within this GOA should reflect each applicant's existing progress and next steps to meet the deliverables. For example, a Pilot work plan will likely focus on the formalization, testing and evaluation of existing governance and engagement strategies, while Design applicants will likely focus on development.

Instructions:

1. Enter activities, tracking methods, and milestones/timelines.

2. Use the key objectives and deliverables in the work plan to crosswalk to the budget narrative and budget form.

3. These deliverables and the corresponding objectives, activities and milestones should reflect the deliverables within this GOA, ACH resources outlined in Attachment A, and responses in Exhibit B.

Exhibit C.2 (Design Applicants Only)

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
1. ACH governance model that represents the entire RSA	Use the experiences of initial 5 priority initiatives to inform a governance model that will add value in the accelerating, measuring, and financing of cross-sector health improvement initiatives in King County. No later than the end of 2015, lay out a governance model to be implemented in 2016	1. Establish interim ACH Leadership Council – achieve mutual agreement on charter, deliverables, members, workplan. 2. Hold meetings of the leadership council throughout 2015. 3. Charge the interim ACH Council with sunsetting itself, and developing a plan for post-2015 ACH governance structure (an element of the ACH Readiness Proposal)	Charter or other agreement Work program, including work group deliverables and timeframes	*Feb 11:* Advising Partners Group meeting (transition planning) *By March 1, 2015*: interim ACH Council established *By April 1, 2015*: Charter/workplan finalized and affirmed by the ACH council. *Fourth quarter*: Incorporation of governance model as an element of the ACH Readiness Proposal

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
2. ACH Engagement Strategy	In order to position the ACH structure for successfully taking on different health improvement issues over time, create mechanisms/activities in 2015 that allow interested parties to understand and follow the work of the five initiatives, and to influence aspects of the ACH development.	1. Engagement activities that will occur within each of the 5 initiatives 2. Issue updates and feedback opportunities via HHS Transformation stakeholder list (700+ people) 3. Participate in existing meetings of local groups/coalitions to discuss and get input on ACH, as appropriate 4. Hold an King County ACH learning and networking event/mini-conference (*contingent on securing additional resources/sponsors*)	Posting of agendas, meeting materials and summaries on ACH website Lists of presentations, meetings and other dialogues relating to ACH that occur during the year.	*Ongoing*. Issue updates at least twice monthly via the HHS Transformation stakeholder list. *Third Quarter 2015 (July/August):* ACH community event, contingent on resources.

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
3. Capacity Development, including the backbone support needed for community engagement and community mobilization	Assure that the 2015 work of the interim ACH Council, its subcommittee and work groups, are staffed at the levels and with the expertise needed to carry out their roles. Assure meaningful engagement and role of community shareholders, via an equity network, in the 2015 ACH design work.	1. Hire consultants and/or ACH staff team members to support convening, staffing and facilitation of the interim ACH leadership council. 2. Seek legal consultation as appropriate on conflict of interest issues 3. Hire consultant to engage with equity network and facilitate its engagement with the interim ACH Council 4. Organize representatives of equity network to serve on interim ACH Council 5. Participate in ACH learning collaborative activities with other regions of the state	Scopes of work Hiring/engagement documents Meeting summaries	*By Feb 1*: Staff and consultants engaged *Timing TBD*: Meetings and milestones related to equity network relationship

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
4. Development of the backbone support within the ACH, including community support and endorsement	By the end of 2015, arrive at a stakeholder-supported plan for carrying out the core administration and support functions, including convening roles, communications support, and data/measurement functions Develop process for designing and managing a shared measurement system that supports at least one of the high priority regional initiatives	1. Incorporate discussions of backbone functions into the work plan of the interim ACH Council 2. Establish and hold meetings of data work group 3. Partner with Whatcom County/North Sound ACH to facilitate shared learnings related to measurement system development (activities related to the pending RWJF grant)	Meeting minutes Evaluation instruments (for process and developmental evaluation) Summary of evaluation findings	*March 2015* Convene first meeting for data workgroup *June 2015* Complete charter for data workgroup *Fourth quarter:* Data work group recommendations sent to ACH Leadership Council Disseminate evaluation findings

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
5. Regional Health Needs Inventory to reflect the RSA and plans to create a Regional Health Improvement Plan	Assure an approach to developing a regional health improvement plan that considers and builds from existing and emerging plans such as CHNA, CHIP, Aging plan, Housing & Community Dev plan, etc. Assure that the approach to developing a regional health improvement plan aligns with the priorities of Healthier Washington and the state-level Plan to Improve Population Health Assure assessment approaches are shaped and informed by the equity network, and builds on community assets and strengths	1. Update the list of health improvement initiatives started in 2014 2. Develop a list of health assessment plans, their charge, timeframes, and the priorities expressed in those plans 3. Convene meetings with relevant stakeholders to discuss an approach to developing a future health improvement plan 4. Deliver a proposed approach to the interim ACH Council for its consideration.	Document listing health assessment plans and priorities Meeting summaries Document describing proposed approach	*By April 1* Plan collection and analysis *May - Sept* Assessment work group meetings *By October 1* Deliver proposed future approach for a regional health improvement plan to the interim ACH Council

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
6. Initial plan for sustainability	Strengthen partnerships with philanthropic organizations, managed care plans, community development entities, community benefit hospitals, and county and state government to enable discussions during the year about the different mechanisms for financing cross-sector health improvement efforts, & financing ACH infrastructure. Develop a draft sustainability concept document, for discussion by ACH Leadership Council, and inclusion as element of ACH Readiness Proposal For at least one initiative, develop a mutually agreeable approach to identifying, capturing, and reinvesting shared savings	1. Engage partners, including managed care plans, in designing an approach to shared savings in at least one of the priority initiatives 2. Engage HCA in discussion of shared savings approach in the early adopter of full integration of physical/ behavioral health, and in 1115 waiver planning 3. Support community benefit hospitals in their continued work to model a joint investment strategy around a priority issue of shared concern stemming from CHNA 4. Apply to the Living Cities Integration Initiative 5. Increase understanding of potential use of loans and tools such as social impact bonds and pay for success	Note: *Some aspects of proposed activities are contingent on securing additional resources*. Engagement of consulting support for shared savings analysis Meeting summaries Living Cities application	*Second quarter* Living Cities application *By end of the third quarter*: Discussion document on sustainability mechanisms developed

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
7. ACH Readiness Proposal	Development of a cohesive plan that clearly lays out the future ACH governance approach that is responsive to the needs and interests of the King County region as well as the state; that addresses how backbone support functions will be carried out, and an initial sustainability plan. Plan will have been developed in a collaborative fashion, be informed by the experience of active initiatives in King County, and will have buy-in and confidence from a wide range of stakeholders.	1. Work carried out throughout the year, as detailed in other elements of this work plan. 2. Compilation of all work elements and direction of the interim ACH Council into an ACH Readiness Proposal that they endorse 3. Endorsements by various other entities in King County of the Readiness Proposal, if and where appropriate		Complete by December 31, 2015

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
8. Other King County Physical/ Behavioral health integration roadmap	Adopt components of a model(s) of care for full clinical and financial integration of physical health, mental health and substance use disorder treatment services. Establish a pathway forward for King County to achieve full integration including key milestones and timeline	1. Establish Physical/Behavioral Health Integration subcommittee including purpose statement, roles it will play in 2015, deliverables, members, workplan. 2. Hold meetings of the subcommittee throughout 2015	Quarterly reports to ACH Leadership Council	*By March 1, 2015*: physical/behavioral health subcommittee established *By April 30, 2015*: Charter/workplan finalized and affirmed by the subcommittee and the ACH Leadership Council *By December 31, 2015* Have core elements defined and establish a timeline/milestones for implementation

EXHIBIT D: BUDGET
Scored: Pilot and Design Applicants (Max 10 Points)

Instructions:

1. Complete the budget template and the corresponding budget narrative.
2. If applicable, describe sub-award relationship with existing Community of Health planning grantees.
3. Unsuccessful Pilot applicants will be asked to submit a revised budget and work plan after the apparently successful applicants are announced. To expedite this process, Pilot applicants may choose to prepare these materials ahead of the January 2, 2015 announcement.
4. Please ensure the line items provided within the budget(s) align with the budget narrative and the work plan. The line items should clearly support the required deliverables.
5. Include costs for the grant recipient (fiscal agent), including internal staff, in Salaries & Wages, Fringe, Supplies, Travel, and Other categories.
6. Include contractor costs (contracts with vendors that will be providing a specific service such as IT, group facilitation, or consultation).

Note: Matching funds are not required but will be considered as part of the application review and evaluation process.

Budget Line Item	Pilot/Design Grant Budget	Matching Funds Estimate	Total Budget
Personnel *(Internal Staff)*	$ 44,998.50	$	$ 44,998.50
Fringe Benefits *(Internal Staff)*	$ 3,676.38	$	$ 3,676.38
External Consultants/Contracts:	$ 28,000.00	$	$ 28,000
COH / Backbone Sub-award(s)	$	$	$
Travel	$ 1,000.00	$	$1,000
Supplies		$	
Event Expenses	$ 2,310.59	$	$2,310.59
Other (e.g., community / regional initiative)	$ 8,904.40	$	$8,904.40
Total Direct Costs	$	$	$
Indirect	$ 11,110.13	$	$11,110.13
Total (Direct & Indirect)	$ 100,000.00	$	$100,000.00

**Design Grant Budget: For applicants who are applying for Design Grant funding, please fill out this budget worksheet, not to exceed a total of $100,000. For Pilot Grant applicants, please fill out this budget worksheet in addition to the Pilot budget worksheet to reflect your work plan and timeline, in the event you are not awarded a Pilot Grant.*

Budget Narrative: The budget narrative should provide clear linkages between the work plan (Exhibit C) and the budget (Exhibit D).

The budget presents a request for $100,000 in support for staff, consultants and related expenses associated with the accomplishing the 2015 work plan. In addition, while not itemized in the budget, the county intends to continue to align the work of selected transformation staff team in order to help accelerate the ACH design work, primarily portions of time of Janna Wilson (lead ACH planning staff), Liz Arjun, and Susan McLaughlin.

Personnel – Internal Staff: $44,998.50

- **ACH Design Coordinator** (600 hours) - $30,000, using estimated hourly rate of $50.00. A part-time, temporary position that will be hired through Public Health-Seattle & King County (Office of the Director) to support implementation of the ACH design phase workplan. Resources would support part-time work for approximately 7 months (Feb-August). This position will add capacity to the existing staff team in order to assure completion of 2015 deliverables and coordination among the many parties working on them. The coordinator will report to the current ACH staff lead Janna Wilson, and work with the steering committee and the interim ACH Leadership Council on overall strategic approach, charter or MOU development, work plan development and monitoring, development of meeting outcomes and agendas, report preparation, consultant contract development and monitoring, ACH grant budget monitoring, communications, and research activities. *Note: We anticipate that this resource will be needed beyond August, and will explore options for how to fund it beyond August*.

- **Administrative Support Specialist 3** (550 hours) - $14,998.50 using estimated hourly rate of $27.27. A part-time temporary position, through Public Health-Seattle & King County working approximately 20 hours per week for 7 months (March-Sept). This position would work as part of the Health and Human Services Transformation team to support the logistics of the ACH Council and work groups, such as meeting scheduling and event logistics, document production, venue location and payments, meeting summaries, assuring materials are posted to website, general inquiries, stakeholder distribution list maintenance, consumer subject matter expert payments, etc.

Fringe – Internal Staff: $3,676.38

Includes FICA rate of 7.65%, and industrial insurance rate of 0.52% applied to salary costs of the two temporary staff positions.

External consultants: $28,000

- A request for $9,000 to support partial costs for planning and facilitation of the interim ACH Leadership Council meetings. We estimate approximately 9 meetings in 2015, at a

cost of $1,000 per meeting. Assuming approximate rate of $150 per hour, this would support 6.7 hours per meeting to cover preparation (such as pre-meetings with an executive or steering committee) and meeting time.

- A request for $5,000 for the purchase of ad hoc technical expertise and advice on different aspects of ACH governance and backbone development. This would support approximately 30-40 hours depending on rate.

- A request for $14,000 for contracted support of the equity network development connected to the interim ACH Council. This would support 70 hours @ est. $145/hr = $10,150, plus $3,850 in payments for community organization and consumer participation/subject matter expertise compensation.

Travel: $1,000.00

Travel costs are budgeted at $1,000 for mileage, airfare, hotel, meeting registration costs, and per diem associated with travel related to ACH planning staff/participants engagement in learning collaborative of the statewide ACH cohort.

Event Expenses: $2,310.59

We are requesting $2,310.59 to support the costs of space rental for meetings of the interim ACH Leadership Council and its work groups, refreshments, name tags/tents, and AV equipment rental where needed throughout the year.

Other: $8,904.40

Other direct costs budgeted include $6,504.40 for office cubicle rental for the ACH Advancement Coordinator and the Administrative Support specialist ($464.60 per month per person) in the Chinook Building at 401 Fifth Avenue, Seattle.

In addition, $2,400 is included for contracting unit and fiscal unit processing charges associated with three contracts, at $800 per contract.

Indirect: $11,110.13

We request $11,110.13 to cover the certified indirect rate charge of 24.69% applied to the salary costs of the two temporary positions.

EXHIBIT F
CERTIFICATIONS AND ASSURANCES
GOA #14-028 – ACH Pilot and Design Grants
(Mandatory)

I/we make the following certifications and assurances as a required element of the Application to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

1. I/we declare that all answers and statements made in the Application are true and correct.

2. In preparing this Application, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this Application or prospective contract, and who was assisting in other than his or her official, public capacity. Neither does such a person nor any member of his or her immediate family have any financial interest in the outcome of this Application. (Any exceptions to these assurances are described in full detail on a separate page and attached to this document).

3. I/we understand that the HCA will not reimburse me/us for any costs incurred in the preparation of this Application. All Applications become the property of the HCA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this Application.

4. No attempt has been made or will be made by the Applicant to induce any other person or Applicant to submit or not to submit an Application for the purpose of restricting competition.

On behalf of the firm submitting this Application, my name below attests to the accuracy of the above statements.

_____
Signature of Applicant

Interim Director, Public Health – Seattle & King County 1/9/2015

_____
Title Date

Attachment 1: Selected Health Improvement Initiatives in King County (Part of the response to questions 2-b, 3-h, and 6-a)

This table highlights health improvement-related initiatives active in the King County region. It is not an exhaustive list, and primarily focuses on those that are engaged in cross-sector partnerships. The latter part of the table then lists major existing data analytics, information, and measurement partnerships with a countywide purview focused on health and well-being. Selected partnerships with statewide purview are also included, as they are important resources that provide access to regional/local level data.

Additions and corrections to this list are welcome and should be directed to janna.wilson@kingcounty.gov

Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
Coverage Is Here King County	Effort to enroll King County residents into health insurance coverage and promote access to care	Public Health - Seattle & King County (PHSKC)	Maximize coverage, with a focus on those eligible for Medicaid or affordable options through the Exchange;	Numbers of people enrolled Uninsured rate	PHSKC coordinates overall effort which includes serving as Lead In-Person Assister Organization for King County, organizing network of community-based organizations; managing enrollment "Leadership Circle" convened by County Executive; and organizing King County departments' outreach efforts.

Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
Aging and Disability Resource Network	Streamline access to home and community based services; implementing hub model in King County region Information and assistance/referral, options counseling, care coordination for older adults and adults with disabilities in King County	Area Agency on Aging (AAA) - division of the City of Seattle Human Services Dept	Help people more easily access public and private long term supports and services, enabling them to remain at home or in their communities and increase quality of life.	#s linked to services and receiving services; # of completed goals; outreach activity	AAA coordinates and serves as backbone for the ADRN. Provides TA, training, network coordination.
South King County Care Transitions	Efforts to collaborate among hospitals, skilled nursing facilities, and health and human service organizations on improving transitions of care.	Area Agency on Aging and Qualis	Create a network of providers dedicated to safe and quality care transitions for patients and their families in South King County. Reduce avoidable hospital readmissions	Rehospitalization #s – all-cause and avoidable	AAA convenes an annual conference and hosts a list serve. South King Care Links – a coalition of South King County human service and health care providers meet monthly

Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
Pediatric Partners in Care	A three-year Center for Medicare and Medicaid Innovation (CMMI)-funded program focused on pediatric care coordination among children with complex needs. Targets 3,000 Supplemental Security Income (SSI) beneficiaries in King and Snohomish counties. Uses strategies such as tiered care management, shared care plan, and integrated services.	Seattle Children's Hospital	Improving patient outcomes and reducing costs among disabled children with multiple medical issues.	Improve measures of care coordination and quality of life by 10% for half of the enrollees. Reduce the total cost of care by 9.7%. There is also an extensive national CMS evaluation component.	External Advisory Committee comprised of providers, payers, and select local leadership. Family Advisory Committee comprised of representatives from the enrolled population.

Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
Familiar Faces	An initiative to advance the vision of the King County Health and Human Services Transformation Plan, by improving the performance and integration of the health & human services system for a subset of high risk individuals: those with frequent use of the King County jail who also have mental health and/or substance abuse conditions.	King County	To improve outcomes (improved health, improved housing stability, reduced justice system involvement, reduced ED use, reduced costs) by partnering with "familiar faces" and the systems that work with them by orienting around those shared outcomes to design and carry out a set of cross-system policy and program changes	Has been and will continue to work to align more specific outcomes with state-level and MCO outcomes, as appropriate	Has a "Management Guidance Team" of Medicaid health plans, community health centers, hospitals, housing, WA state, local government, jail, behavioral health, as well as a "design team."

Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
Dual Eligibles Demonstration	Washington is among a group of states working with the Centers for Medicare and Medicaid Services (CMS) to test a new model of integrated care and financing for people who are dually eligible for Medicaid and Medicare. The demonstration will take place in King and Snohomish Counties. The Demonstration is a financially integrated model where medical, mental health, substance abuse, and long term care services for all individuals who are dually eligible for Medicare and Medicaid would be purchased through a managed care organization	Primarily Washington State DSHS & HCA. Plus in-kind staff time from local government partners	To improve outcomes and quality, and control costs, among dual eligibles through a managed care model and full clinical and financial integration. MOU exists between WA State and Centers for Medicare and Medicaid Services (CMS)	Clinical performance measures included in contract.	Governance table to be established. Has an implementation team involving DSHS, HCA, King County, Area Agency on Aging (AAA), Snohomish County, and the two Health Plans – United and Community Health Plan of WA.

Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
Mental Illness and Drug Dependency (MIDD)	A set of strategies funded through a local sales tax increase to address mental illness and drug dependency in King County	King County Dept of Community and Human Services	Prevent and reduce chronic homelessness and unnecessary involvement in the criminal justice and emergency medical systems and promote recovery for persons with disabling mental illness and chemical dependency by implementing a full continuum of treatment, housing, and case management services	Common measurement include reductions in jail/detention; improved housing stability; reduced inpatient psychiatric hospital admissions; % reduction in ER visits	Oversight committee
Committee to End Homelessness	Coordinating entity to implement Seattle/King County's Continuum of Care for homeless housing and services	King County Dept of Community and Human Services	Prevent homelessness, strengthen crisis response, increase homeless housing, link housing to supportive services, improve coordination of resources CEH is committed to making homelessness in King County rare, brief in duration, and a one-time occurrence	Based on federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) performance measures	Charter Agreement (rev. 2014) Governing Board, Interagency Council, Consumer Advisory Council, various committees including Chronically Homeless and Single Adults, Families, and Youth and Young Adults

Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
Community Alternatives to Boarding Task Force	Addressing "boarding" of people in mental health crisis, often in hospital emergency departments that results from a lack of sufficient inpatient beds.	Co-conveners: King County Exec. Office and Office of the Governor	Develop community alternatives and prevention strategies, in addition to ensuring that the right level of crisis resources are available.	Performance targets to be developed	Charter agreement
Vulnerable Populations Strategic Initiative (VPSI)	Effort to ensure all residents receive best possible EMS care regardless of race, ethnicity, age, socioeconomic status, culture, gender or language	Emergency Medical Services Division (EMS) of Public Health-Seattle & King County	Identify needs; identify and implement pilot interventions; increase diversity and cultural competence in EMS workforce; evaluate results	Now developing measures & outcomes for local area pilot projects	EMS Division of PHSKC; UW implementation with EMS Advisory Committee oversight

Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
Physical/ Behavioral Health Integration initiatives	*Integrated care models* - Mental Health Integration Program (MHIP) – integrating behavioral health services into primary care centers - Community mental health centers with primary care on campus - Primary care clinics with integrated SBIRT - Specialized, integrated programs such as homeless mobile medical and Medical Respite post-hospital recuperation program for homeless adults.	Varies In some cases local government helped convene partnership; in others non-profits formed alliances and pursued grant funds for integration work.	Specific outcomes vary by program/initiative.	Varies (For example, MHIP tracks changes in depression and anxiety screening scores)	Varies by initiative; most have some form of Steering Committee or oversight group of the involved parties that together reviews feedback and progress, make course corrections, and addresses funding.

Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
Housing-Health Partnership Planning Group **Note: This group is statewide in focus**	To develop a sustainable business model for improving health of multifamily affordable housing residents (and potentially surrounding communities) by using affordable housing as platform for housing-health partnerships.	Mercy Housing Northwest with consultant support	Planning group committed to 5 meetings. Three have occurred, with two remaining in 2015. Seeks to develop pilots in 3 regions – King, Spokane, and Pierce	Development of business plan	Planning group (through mid-2015) Includes housing authorities, non-profit low-income housing, State HCA and DOH, a health plan, public health, DCHS, CBOs involved with community health workers, philanthropy
Communities of Opportunity	COO is a place-based effort that aims to improve economic, health and racial equity in King County	The Seattle Foundation; King County	COO is an effort to work across systems within communities demonstrating the deepest disparities in well-being – by sharing power with and tapping into the expertise of members of that community – to improve well-being. When we are successful, we will see less disparity between places in our region.	Reduction in disparities by place and by race. Currently using a composite index of 10 social and health indicators.	Has a governance group of philanthropy, community-based, and government entities.

Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
King County Partnership to Improve Community Health (PICH)	Address inequities in chronic disease risk factors by promoting healthy eating, physical activity and tobacco-free living	Public Health - Seattle & King County in partnership with Seattle Children's and the Healthy King County Coalition	Short-term: increased access to healthier environments (healthier food options, physical activity opportunities, tobacco-free places) and community-clinical linkages for chronic disease prevention. Long-term: lower obesity rate, lower tobacco use and exposure rates, decreased morbidity and mortality from chronic disease.	Changes in weight status nutrition, physical activity, and tobacco use and exposure in low-income areas compared to rest of county	Executive team from the three lead organizations, which includes the two principle investigators who make strategic decisions.
Place-based initiative example **Global to Local (G2L)**	Nonprofit to bring proven, community-driven solutions to address health and economic development disparities Current focus on Burmese, Eritrean, Latino and Somali communities, among others.	Global to Local is a 501-c-3	Improve health outcomes in SeaTac and Tukwila: currently goals are to reduce diabetes; increase community participation in local governance; increase access to services that support health	Diabetes rates; participation in health promoting activities; civic participation rate; access to services	Board of Directors with internal structures that encourage significant community participation

Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
Place-based initiative example **Kent4Health**	Kent4Health, is a City of Kent Mayor-sponsored initiative (launched in 2012) to encourage healthy lifestyle change through walking and nutrition activities It has established a winter walking program at ShoWare and a summer walking program at Kent parks. They are also launching a tap water campaign.	City of Kent	Overall focus on "Physical, Mental, Spiritual and Environmental Wellness." The tap water campaign goal is to promote a healthy alternative to sugary beverages and decrease the number of plastic bottles in the waste stream	Measures of participation/usage.	Led by the Kent4Health Committee, a group of volunteers with a common interest to encourage healthy lifestyles. Meets monthly.

Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
Place-based initiative example **Yesler Community Collaborative** Greater Yesler neighborhood (International District, Little Saigon, Central District, Capitol Hill, First Hill and Pioneer Square neighborhoods of Seattle)	Collaborative to support and enable the Yesler area transformation; convenes multiple sectors and promotes alignment of efforts. Builds on Seattle Housing Authority Choice neighborhood initiative. Issue areas include education, health and well-being, environment, housing, economic opportunity, and creative place-making.	Yesler Community Collaborative	To create a truly inclusive, equitable, healthy, sustainable, green community for the 21st century. A neighborhood where the nexus between a healthy environment and people's health and well-being is fully realized. Working to assure integration (physical, social, economic) with surrounding neighborhoods.	Outcome measures for each issue area will be determined in 2015.	YCC is Washington State not-for-profit formed in June 2014; The Seattle Foundation serves as fiscal sponsor. Organizing structure by issue areas.

Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
Vulnerable Populations Action Team (VPAT)	VPAT partners with multiple stakeholders to align systems and resources to increase resilience, particularly within underserved, isolated communities.	Public Health-Seattle & King County	1) Partnerships are in place and sustained with historically marginalized and underserved communities 2) Linguistically and culturally relevant health and safety information reaches all populations 3) Evolve planning to be responsive to the concerns of partnering communities or organization to build sustainable systems	Number of collaborative partnerships established and their intended and unintended health and/or system related consequences Percent change in number of organizations and individuals participating in on-going communication network	VPAT is located in Public Health's Preparedness Section and works with a wide variety of internal and external partners to guide programming.

Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
Somali Health Board **https://www.facebook.com/pages/Somali-Health-Board/405648012843147**	The King County Somali Health Board is a coalition of King County Somali health leaders and health systems representatives working in collaboration to improve health outcomes of Somali residents.	Somali Health Board leadership team with support provided by Public Health-Seattle & King County	Create a forum to build relationships between health systems (e.g. hospitals, community health centers, Public Health), services (e.g. food banks, housing) and Somali community and health leaders; identify key health issues and concerns; identify and address system issues that impact access and the Somali experience of health care; and formalize mechanisms to communicate key health and safety information to Somali residents, as well as other goals.	Working on the development of performance measures and program evaluation.	The Somali Health Board recently received a capacity building grant to pursue 501c3 status. Currently, an informal leadership group oversees all related programming.

Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
Related to Assessment, Data Analysis, Evaluation, and Dissemination					
ACA Quality Assurance/ Evaluation Framework	A framework established to monitor the implementation and impact of the Affordable Care Act in King County First report issued fall 2014.	Public Health – Seattle & King County; framework jointly developed by PHSKC and University of WA Dept of Health Services	Leverage routine, high-quality data to answer key practice and policy questions about ACA implementation and impact in King County, with a focus on monitoring equity in health care and health outcomes.	7 areas: access, utilization, quality of care, patient experience, health system capacity, costs, population health	Body of work led by Assessment, Policy Development and Evaluation (APDE) of PHSKC, with ongoing collaboration with public, private, and non-profit stakeholder groups.
Communities Count: Social and Health Indicators Across King County	Communities Count is a public-private partnership dedicated to providing reliable, timely, and relevant data to improve the quality of life for residents of all King County communities	Public Health - Seattle & King County (Fiscal Sponsor: Seattle Fdn)	Communities Count data have been used to address inequities across King County communities. Goal is increase community and stakeholder access to and use of data. Includes data and maps on 86 indicators.	Maintains a "data to action" log to track use and application of indicators	Advisory Committee meets biannually. Currently convening meetings with other regional data intermediaries in King County to discuss opportunities for increased alignment and integration.

Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
King County Hospitals for a Healthier Community (includes Community Health Needs Assessment)	A collaborative of 12 hospitals and health systems and Public Health—Seattle & King County who are working together to identify the greatest needs of the communities they serve and develop plans to address them.	Collaborative partnership; Public Health-Seattle & King County provides support functions and CHNA preparation	Develop collaborative relationships; gather information needed to comply with state and federal community benefit requirements; identify community health issues and assets; implement and evaluate collective, evidence-based strategies; share best practices. Initial focus has been on health insurance enrollment and on healthy eating for patients, staff, and families within the participating hospital systems.	Completion of collaborative CHNA (Community Health Needs Assessment) Currently have process measures related to strategies.	Charter. All King County hospital and health systems, and Public Health-Seattle & King County, are represented in the collaborative.
King County Burden of Disease Assessment Tool	A tool to compare burden of disease at the sub-county level within King County, provide clear and highly relevant analyses to both policymakers and the public, and evaluate the impact of interventions on health, cost and equity.	Public Health - Seattle & King County, in partnership with the Institute for Health Metrics and Evaluation (IHME)	Project will adapt IHME's Global Burden of Disease methodology to produce the first county-level BoD assessment. Will produce a comprehensive picture of disease burden and risk factors at the sub-county level. Goal is to develop a protocol/tool that will allow regular updates and dissemination to other jurisdictions across the nation.	Age-specific and sex-specific mortality and morbidity estimates for 289 diseases and injuries, and burden attributable to 67 risk factors. Data over time from 1990-2013 for King County and sub-county areas.	PHSKC/IHME partnership with financial support for PHSKC from the de Beaumont Foundation

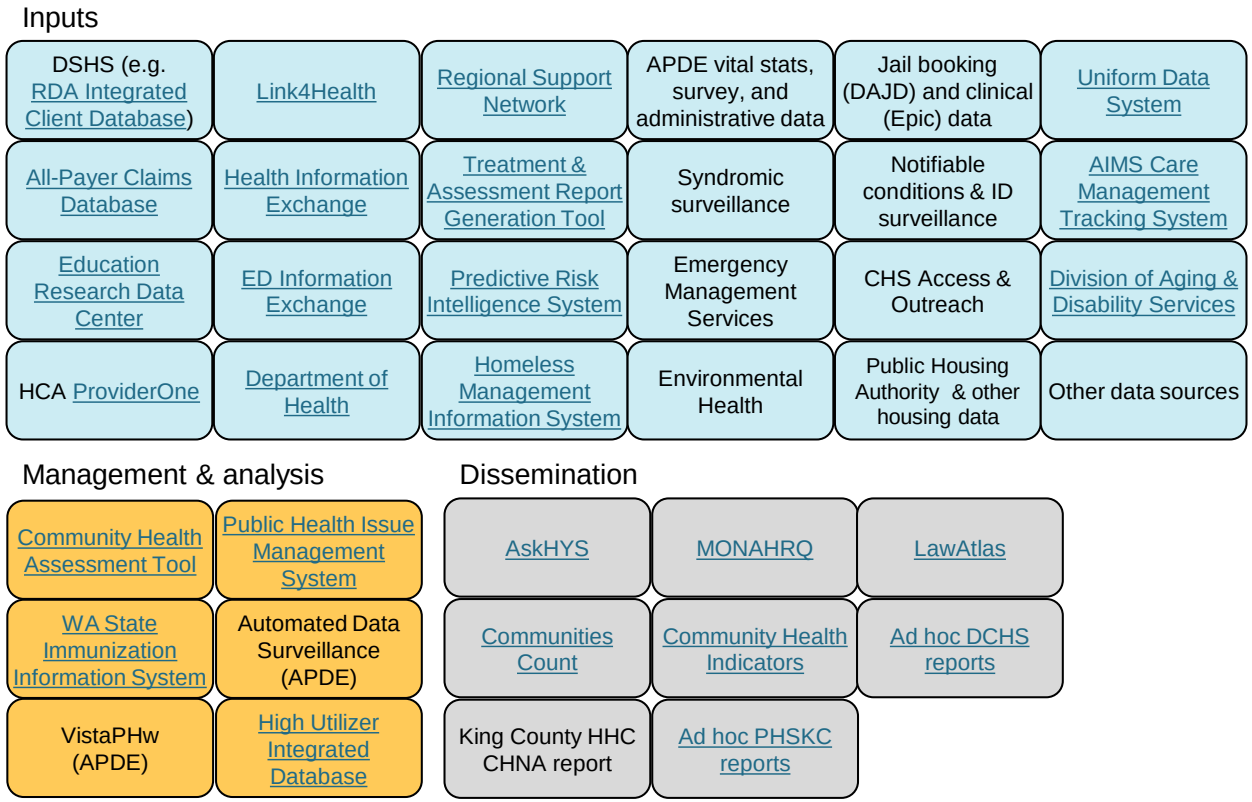
Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
RWJF Public Health Services and Systems Research grant	Proposed study (award decision pending) will assess role of public health and human services in development of shared data system and care coordination for Familiar Faces through ACH, in King and Whatcom Counties.	Public Health – Seattle & King County, Department of Community and Human Services (DCHS), Whatcom Alliance for Health Advancement (WAHA)	1) Assess ACH development processes in two counties to assess factors that facilitate or inhibit the local human and health services departments' (LHHSD) ability to build regional shared data measurement and care coordination systems. 2) Assess changes in criminal justice and health care utilization outcomes in Familiar Faces who receive care coordination services.	Time spent in jail, severity of charge, emergency department use, time between jail release and 1st primary care/ behavioral health appointment	Project would be led by Assessment, Policy Development and Evaluation of PHSKC, and supported by collaboration with DCHS, WAHA, and other stakeholder groups.
Washington Health Alliance (formerly the Puget Sound Health Alliance)	An alliance of health care system stakeholders collaborating to improve the value and quality of health care. Advances the transparency of the health care system through performance measurement and reporting on quality, utilization and price.	Washington Health Alliance	To reduce overuse, underuse, and misuse of health care.	See Community Checkup and other reports Alliance is statewide in its scope; data is available for specific geographic areas and issues.	The governing group of the Alliance, the Board of Directors, consists of 20 members: ten purchasers, four health plans, four providers, one consumer and one community member.

Initiative	Description	Convener / Lead Entity	Goals/Outcomes	Measurement	Structure or Governance
Communities for Safer Transitions of Care	Uses claims data to assess hospital readmission rates and healthcare utilization for Medicare beneficiaries. Includes reports for King County North, King County South, and Seattle.	Qualis Health	Data is used to support efforts within the community to improve care transitions and reduce hospitalizations	See Performance Reports	

Attachment 2 (Connected to response to question 4-b, regarding planned backbone support)

12/30/2014

DRAFT Data landscape
Washington State and King County data assets to monitor progress towards the triple aim and equity



Glossary of terms

AIMS - Advancing Integrated Mental Health Solutions, University of Washington; APDE – Assessment, Policy Development & Evaluation, PHSKC; CHS – Community Health Services, PHSKC; DAJD – King County Department of Adult and Juvenile Detention; DCHS – King County Department of Community and Human Services; DSHS – WA State Department of Social and Health Services; ED – Emergency department; HCA – WA State Health Care Authority; HHC – King County Hospitals for a Healthier Community;
HYS – Healthy Youth Survey; ID – Infectious disease; MONAHRQ - My Own Network, Powered by AHRQ; PHSKC – Public Health – Seattle & King County